

No. <b>W 152708</b>		<b>Due no later than Jun 30, 2017</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  TODD L. SQUIRES, DDS, PLLC TODD L. SQUIRES 15410 BARRETT VIEW CIR CALDWELL ID 83607 USA		TODD L SQUIRES 15410 BARRETT VIEW CIR Caldwell ID 83607-8360			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held	Name	Street or PO Address		City	State	Country	Postal Code
MANAGER	TODD L SQUIRES	15410 BARRETT VIEW CIR		CALDWELL	ID	USA	83607
5. Organized Under the Laws of:  <b>ID</b> <b>W 152708</b>		6. Annual Report must be signed.*  Signature: Todd L. Squires Name (type or print): Todd L. Squires					
		Date: 05/30/2017 Title: Agent					
Processed 05/30/2017      * Electronically provided signatures are accepted as original signatures.							