| No. W 127638 | | | | | 2. Registered Agent and Address (NO PO BOX) | | | |
|---|----------------------|---|--|-------------|--|-------|---------|-------------|
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | Annual Report Form 1. Mailing Address: Correct in this box if needed. JUSTIN D. WARD, D.M.D., M.S.D., PLLC JUSTIN WARD 370 EAST 150 SOUTH | | 3 B | JUSTIN D WARD DMD MSD 370 EAST 150 SOUTH BURLEY ID 83318 | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | BURLEY ID 833 | | 3. <u>N</u> | 3. <u>New</u> Registered Agent Signature:* | | | |
| 700 80 0 | s: Enter Nar Iame | nes and Addresses (| of at least one Member or Manager. Street or PO Address | Cit | v | State | Country | Postal Code |
| MANAGER JUSTIN D W | | /ARD | 370 EAST 150 SOUTH | | , RLEY | ID | USA | 83318 |
| 5. Organized Under the Laws of: ID W 127638 | | 6. Annual Report must be signed.* Signature: Justin Ward | | | Date: 05/28/2018 | | | |
| W 0 0 00 | | Name (type or print): Justin Ward * Electronically provided signatures are accepted as original signatures. | | | | | | |