No. W 14306		Due no later than Jan 31, 2018		2. Registered Agent and Address (NO PO BOX)			
Return to: Annu		ual Report Form		JEFF MCMINN			
SECRETARY OF STATE	1. Mailing Address: Correct in this box if needed.		100 COLUMN	625 E ALAMEDA RD POCATELLO ID 83201			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	IDAHO DENTAL SPECIALTIES, LLC JEFF MCMINN 625 E ALAMEDA RD		FOCATELLO	POCATELLO ID 85201			
	POCATELLO ID 83201		3. <u>New</u> Registe	3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE							
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	
MEMBER MCWHORTER PROPERTIES LLC			POCATELLO	ID		83201	
MEMBER SOUTHEAST IDAHO ORTHODONTICS 625 E ALAMEDA RD			POCATELLO	ID	USA	83201	
5. Organized Under the Laws of: 6. Annual Report must I		be signed.*					
ID	Signature: jeff mcmi	Signature: jeff mcminn		Date: 11/28/2017			
W 14306	Name (type or print): jeff mcminn			Title: member			
Processed 11/28/2017	* Electronically provided signatures are accepted as original signatures.						