

No. W 113040		Due no later than Apr 30, 2016		2. Registered Agent and Address (NO PO BOX)	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed. LEGACY FAMILY DENTAL CARE PLLC WHITNEY M FRANK 620 N 7TH ST COEUR D ALENE ID 83814		WHITNEY M FRANK 620 N 7TH ST COEUR D ALENE ID 83814	
				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
MEMBER	WHITNEY M FRANK	620 N 7TH ST	COEUR D'ALENE	ID	USA 83814
5. Organized Under the Laws of: ID W 113040		6. Annual Report must be signed.* Signature: Wfrank Name (type or print): Wfrank Date: 02/23/2016 Title: Member			
Processed 02/23/2016		* Electronically provided signatures are accepted as original signatures.			