

No. W 124591		Due no later than Apr 30, 2017 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. SUMMIT VIEW DENTAL SERVICES, PLLC FREDERICK WADSWORTH 6206 NORTH DISCOVERY WAY BOISE ID 83713		FREDERICK WADSWORTH 6206 NORTH DISCOVERY WAY BOISE ID 83713			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MEMBER	Name BRENT C GOLDSHORPE	Street or PO Address PO BOX 608		City MACKAY	State ID	Country USA	Postal Code 83251
5. Organized Under the Laws of: ID W 124591		6. Annual Report must be signed.* Signature: Frederick Wadsworth Name (type or print): Frederick Wadsworth Date: 02/21/2017 Title: Reg Agent					
Processed 02/21/2017 * Electronically provided signatures are accepted as original signatures.							