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| No. W 147014 | | Due no later than Jan 31, 2018 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. BLACKFOOT FAMILY DENTISTRY, PLLC CADE BALDWIN PO BOX 51330 IDAHO FALLS ID 83405 | | CADE BALDWIN 790 N MERIDIAN ST BLACKFOOT ID 83221 | | | |
| 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 CADE BALDWIN | Street or PO Address 8085 S BLACKHAWK DR | | City AMMON | State ID | Country USA | Postal Code 83406 |
| 5. Organized Under the Laws of: ID W 147014 | | 6. Annual Report must be signed.* Signature: Cade Baldwin Name (type or print): Cade Baldwin Date: 12/07/2017 Title: President | | | | | |
| Processed 12/07/2017 * Electronically provided signatures are accepted as original signatures. | | | | | | | |