No. **W 55492**	**Due no later than Oct 31, 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 **NO FILING FEE IF RECEIVED BY DUE DATE**	**1. Mailing Address: Correct in this box if needed.** PATTEN FAMILY DENTISTRY, PLLC JEFFREY M PATTEN 803 S JEFFERSON STE 2 MOSCOW ID 83843	JEFFREY M PATTEN 803 S JEFFERSON STE 2 MOSCOW ID 83843 3. New 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	JEFFREY M PATTEN	803 S JEFFERSON STE 2	MOSCOW	ID	USA	83843

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 55492**	Signature: Callie Brown	Date: 09/12/2017
	Name (type or print): Callie Brown	Title: Bookkeeper

Processed 09/12/2017

* Electronically provided signatures are accepted as original signatures.