

No. W 182249		Due no later than Apr 30, 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. DENTAL HEALTH PROPERTIES LLC SCOTT WILKES 56 PROFESSIONAL PLAZA REXBURG ID 83440		SCOTT WILKES 56 PROFESSIONAL PLAZA REXBURG ID 83440			
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 MANAGER	Name SCOTT WILKES	Street or PO Address 56 PROFESSIONAL PLAZA		City REXBURG	State ID	Country USA	Postal Code 83440
5. Organized Under the Laws of: ID W 182249		6. Annual Report must be signed.* Signature: Scott Wilkes Name (type or print): Scott Wilkes Date: 02/27/2018 Title: Manager					
Processed 02/27/2018 * Electronically provided signatures are accepted as original signatures.							