

No. <b>W 166033</b>		<b>Due no later than May 31, 2018</b>		<b>2. Registered Agent and Address (NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b>  GENTLE DENTAL CARE, PLLC BRYAN R MEDARIS 4411 E FLAMINGO AVE NAMPA ID 83687		BRYAN R MEDARIS 4411 E FLAMINGO AVE NAMPA ID 83687-8368			
				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	BRYAN R MEDARIS	4411 E FLAMINGO AVE	NAMPA	ID	USA	83687	
5. Organized Under the Laws of:  <b>ID W 166033</b>		6. Annual Report must be signed.* Signature: Bryan R Medaris Name (type or print): Bryan R Medaris Date: 05/09/2018 Title: Member					
Processed 05/09/2018		* Electronically provided signatures are accepted as original signatures.					