No. <b>W 77446</b>	Due no later than Sep 30, 2016	2. Registered Agent and Address (NO PO BOX)			
Return to:	Annual Report Form	CLARK ELKINS			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed.	1110 S. WASHINGTON AVE EMMETT ID 83617			
	ELKINS DENTISTRY PLLC CLARK ELKINS 1110 S. WASHINGTON AVE				
	EMMETT ID 83617	3. <u>New</u> Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE	USA				
4. Limited Liability Companies: Enter N	ames and Addresses of at least one Member or Manager.				
Office Held Name	Street or PO Address	City	State	Country	Postal Code
MEMBER CLARK ELK	INS 5726 N BERGMAN	MERIDIAN	ID	USA	83646
5. Organized Under the Laws of:	6. Annual Report must be signed.*				
ID	Signature: CLARK ELKINS	Date: 07/25/2016			
W 77446	Name (type or print): CLARK ELKINS	Title: MEMBER			
Processed 07/25/2016	* Electronically provided signatures are accepted as original signatures.				