

No. W 82175		Due no later than Mar 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. MCLAUGHLIN DENTAL, L.L.C. JOHN L MCLAUGHLIN 1836 S 1800 E GOODING ID 83330		JOHN L MCLAUGHLIN 1836 S 1800 E GOODING ID 83330			
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	Name	Street or PO Address	City	State	Country	Postal Code	
MEMBER	NANCY C MCLAUGHLIN	1836 S 1800 E	GOODING	ID	USA	83330	
5. Organized Under the Laws of: ID W 82175		6. Annual Report must be signed.* Signature: JOHN MCLAUGHLIN Name (type or print): JOHN MCLAUGHLIN					
		Date: 02/27/2018 Title: DR.					
Processed 02/27/2018 * Electronically provided signatures are accepted as original signatures.							