No. **W 143925**	**Due no later than Nov 30, 2016** **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.** DAVIDSON FAMILY DENTAL PLLC KIRK DAVIDSON 509 W HANLEY AVE STE 201 COEUR D ALENE ID 83815	KIRK DAVIDSON 509 W HANLEY AVE STE 201 COEUR D ALENE ID 83815 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	KIRK DAVIDSON	509 W HANLEY AVE STE 201	COEUR D ALENE	ID	USA	83815

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 143925**	Signature: Christie Barker	Date: 12/19/2016
	Name (type or print): Christie Barker	Title: Office Manager

Processed 12/19/2016

* Electronically provided signatures are accepted as original signatures.