

| | | | | | |
|--|----------------|--|-----------|--|---------------------|
| No. W 151420 | | Due no later than May 31, 2017 | | 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. MIKE GEORGE DDS, LLC MICHAEL GEORGE 1466 SHADOW PINES WAY POCATELLO ID 83201-2317 USA | | MICHAEL GEORGE 1466 SHADOW PINES WAY POCATELLO ID 83201-2317 | |
| | | | | 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 |
| MANAGER | MICHAEL GEORGE | 1466 SHADOW PINES WAY | POCATELLO | ID | USA 83201-2317 |
| 5. Organized Under the Laws of: ID W 151420 | | 6. Annual Report must be signed.* Signature: Michael George Name (type or print): Michael George Date: 05/07/2017 Title: President | | | |
| Processed 05/07/2017 | | * Electronically provided signatures are accepted as original signatures. | | | |