

No. W 116576		Due no later than Aug 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. RIVERSTONE DENTAL CARE, PLLC JOHN PULSIPHER 2344 MERRITT CREEK LOOP COEUR D ALENE ID 83814		JOHN PULSIPHER 2344 MERRITT CREEK LOOP COEUR D ALENE ID 83814-8381			
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	JOHN PULSIPHER	205 PARK DR	COEUR D'ALENE	ID	USA	83814	
MEMBER	LOGAN DITTO	2344 MERRITT CREEK LOOP	COEUR D'ALENE	ID	USA	83814	
MEMBER	MARK SNOW	3908 N PALMER DR	COEUR D'ALENE	ID	USA	83815	
5. Organized Under the Laws of: ID W 116576		6. Annual Report must be signed.* Signature: John Pulsipher Name (type or print): John Pulsipher					
		Date: 07/09/2018 Title: Member					
Processed 07/09/2018 * Electronically provided signatures are accepted as original signatures.							