

No. W 22004		Due no later than Dec 31, 2016		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. BEARABLE DENTISTRY, PLLC BRYAN S SCHIAVONI 1410 S MAIN STREET MOSCOW ID 83843		LUKINS & ANNIS 601 E FRONT AVE STE 502 COEUR D'ALENE ID 83814	
				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	DUSTIN A WEITZ DDS	1410 S MAIN	MOSCOW	ID	83843
MEMBER	BRYAN A SCHIAVONI DDS	1410 S MAIN	MOSCOW	ID	83843
MEMBER	MATTHEW J SEPT DMD	1410 S MAIN STREET	MOSCOW	ID	USA 83843
5. Organized Under the Laws of: ID W 22004		6. Annual Report must be signed.* Signature: Bryan Schiavoni Name (type or print): Bryan Schiavoni Date: 10/26/2016 Title: President			
Processed 10/26/2016		* Electronically provided signatures are accepted as original signatures.			