

No. W 116405		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 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed. LOFTUS FAMILY DENTAL MANAGEMENT, LLC GEORGE LOFTUS 2615 N FRUITLAND LN COEUR D ALENE ID 83815		DR GEORGE LOFTUS 4049 E SKY HARBOR DR COEUR D ALENE ID 83814-7537		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	GEORGE LOFTUS	4049 E SKY HARBOR DRIVE	COEUR D ALENE	ID	USA	83814-7537	
5. Organized Under the Laws of: ID W 116405		6. Annual Report must be signed.* Signature: George Loftus Name (type or print): George Loftus Date: 06/19/2018 Title: Member					
Processed 06/19/2018		* Electronically provided signatures are accepted as original signatures.					