No. **W 181911**	**Due no later than Apr 30, 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.** NORTHWEST DENTAL BENEFITS, LLC. KORY J WILSON 1683 E MILES AVE HAYDEN LAKE ID 83835	KORY J WILSON 1683 E MILES AVE HAYDEN LAKE ID 83835-8383 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	KORY J WILSON	1683 E	HAYDEN LAKE	ID	USA	83835

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 181911**	Signature: Kory J Wilson	Date: 03/05/2018
	Name (type or print): Kory J Wilson	Title: OWNER

Processed 03/05/2018

* Electronically provided signatures are accepted as original signatures.