No. W 134052		Due no later than Feb 28, 2018		2.	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			LON C MCRAE			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. IDAHO DENTAL IMPLANTS, PLLC LON C MCRAE 1067 S WELLS ST MERIDIAN ID 83642		•	1067 S. WELLS ST. MERIDIAN ID 83642 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compa	anies: Enter Nai	mes and Addresses of at least	one Member or Manager.					
Office Held	Name	Stre	eet or PO Address	C	ity	State	Country	Postal Code
MANAGER LON C. MCF		RAE 106	7 S. WELLS ST.	M	IERIDIAN	ID	USA	83642
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: lon c. mcrae			Date: 12/21/2017			
W 134052		Name (type or print): Ion c. mcrae			Title: owner			
Processed 12/21/2017 * Electronically provided signatures are accepted as original signatures.								