No. W 96711		Due no later than Sep 30, 2018		2. Registered Agent and Address (NO PO BOX)				
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. AFFINITY DENTAL, PLLC MICHAELINA MURPHY 847 E FAIRVIEW AVE MERIDIAN ID 83642		MURPHY LAW OFFICE PLLC 847 E FAIRVIEW AVE MERIDIAN ID 83642 3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE 4. Limited Liability Companies: Enter Nar		mes and Addresses of	at least one Member or Manage					
Office Held	Name	The unit rise seeds of	Street or PO Address		City	State	Country	Postal Code
MANAGER HELEN HARLI		ESS	471 CROSSTIMBERS		DOUBLE OAK	TX	USA	85077
5. Organized Under the Laws of: ID W 96711		6. Annual Report must be signed.* Signature: Michaelina Murphy Name (type or print): Michaelina Murphy			Date: 07/30/2018 Title: R			
Processed 07/30/2018 * Electronically provided signatures are accepted as original signatures.								