

No. W 168020		Due no later than Jun 30, 2017		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		UNITED STATES CORPORATION AGEN 800 W MAIN ST STE 1460 BOISE ID 83702	
		1. Mailing Address: Correct in this box if needed. KSS DENTAL GROUP, PLLC KEITH L STUCKI 524 E FUJII DR NAMPA ID 83686		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
MANAGER	KEITH L STUCKI	524 E. FUJII DR	NAMPA	ID	USA 83686
5. Organized Under the Laws of:		6. Annual Report must be signed.*			
ID W 168020		Signature: Keith Stucki		Date: 04/26/2017	
		Name (type or print): Keith Stucki		Title: Manager	
Processed 04/26/2017		* Electronically provided signatures are accepted as original signatures.			