

No. W 83563		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		1. Mailing Address: Correct in this box if needed. HORSESHOE BEND FAMILY DENTISTRY, LLC DAVID E SEEGMILLER 2201 E GALA ST MERIDIAN ID 83642-2798		DAVID E SEEGMILLER 2201 E GALA ST MERIDIAN ID 83642			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MEMBER	Name DAVID E SEEGMILLER	Street or PO Address 2201 E GALA ST		City MERIDIAN	State ID	Country USA	Postal Code 83642-2798
5. Organized Under the Laws of: ID W 83563		6. Annual Report must be signed.* Signature: David E Seegmiller Name (type or print): David E Seegmiller Date: 04/30/2018 Title: Member					
Processed 04/30/2018 * Electronically provided signatures are accepted as original signatures.							