

No. <b>W 83563</b>		<b>Due no later than Apr 30, 2018</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b> 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			
				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	
MEMBER	DAVID E SEEGMILLER	2201 E GALA ST	MERIDIAN	ID	USA	83642-2798	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>ID W 83563</b>		Signature: David E Seegmiller				Date: 04/30/2018	
		Name (type or print): David E Seegmiller				Title: Member	
Processed 04/30/2018		* Electronically provided signatures are accepted as original signatures.					