

No. W 97260		Due no later than Oct 31, 2015 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. 7 DAY DENTAL SMILES, PLLC RHEANNA BURNHAM 105 E 10TH AVE POST FALLS ID 83854		RHEANNA BURNHAM 105 E 10TH AVE POST FALLS ID 83854			
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 MANAGER	Name CRIS BURNHAM	Street or PO Address 605 N 3RD STREET		City COEUR D'ALENE	State ID	Country USA	Postal Code 83814
5. Organized Under the Laws of: ID W 97260		6. Annual Report must be signed.* Signature: Cris Burnham Name (type or print): Cris Burnham Date: 08/18/2015 Title: Manager					
Processed 08/18/2015 * Electronically provided signatures are accepted as original signatures.							