

No. <b>W 97260</b>		<b>Due no later than Oct 31, 2015</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>  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	
				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	CRIS BURNHAM	605 N 3RD STREET	COEUR D'ALENE	ID	USA 83814
5. Organized Under the Laws of:  <b>ID W 97260</b>		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.			