

No. W 166500	Due no later than May 31, 2017 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 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. LEAVITT FAMILY DENTISTRY, PLLC ERIN GRANT LEAVITT 3326 4TH ST STE 1 LEWISTON ID 83501 USA		ERIN LEAVITT, DMD 6378 HEPTON LN LEWISTON ID 83501			
			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	MARY G. LEAVITT	6378 HEPTON	LEWISTON	ID	USA	83501
5. Organized Under the Laws of: ID W 166500	6. Annual Report must be signed.* Signature: Erin G. Leavitt Name (type or print): Erin G. Leavitt		Date: 03/20/2017 Title: officer			
Processed 03/20/2017		* Electronically provided signatures are accepted as original signatures.				