No. **W 57871**	**Due no later than Jan 31, 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 **NO FILING FEE IF RECEIVED BY DUE DATE**	**1. Mailing Address: Correct in this box if needed.** SOUTHERN SPRINGS DENTAL, PLLC DR BARRY JARDINE 1910 S MERIDIAN RD STE 150 MERIDIAN ID 83642	DR BARRY JARDINE 1910 MERIDIAN RD STE 150 MERIDIAN ID 83642 3. New 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	DR BARRY JARDINE	5278 N COUGAR FLAT CT	MERIDIAN	ID		83646

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 57871**	Signature: Barry Jardine	Date: 11/30/2017
	Name (type or print): Barry Jardine	Title: Owner

Processed 11/30/2017

* Electronically provided signatures are accepted as original signatures.