

No. J 1503		Due no later than Sep 30, 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		1. Mailing Address: Correct in this box if needed. APEX DENTAL, LLP ERIC L. THOMAS 1437 PARKVIEW DR. TWIN FALLS ID 83301		ERIC L THOMAS 1437 PARKVIEW DR TWIN FALLS ID 83301			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Partnerships: Enter Names and Business Addresses of two (2) or more partners.							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
PARTNER	ERIC L THOMAS, DDS	1437 PARKVIEW DR.	TWIN FALLS	ID	USA	83301	
PARTNER	STEPHEN F DIXON	1437 PARKVIEW DR.	TWIN FALLS	ID	USA	83301	
PARTNER	BRENT A. SORENSEN	1437 PARKVIEW DR.	TWIN FALLS	ID	USA	83301	
5. Organized Under the Laws of: ID J 1503		6. Annual Report must be signed.* Signature: Eric Thomas Name (type or print): Eric Thomas					
		Date: 09/24/2018 Title: co-owner					
Processed 09/24/2018		* Electronically provided signatures are accepted as original signatures.					