

No. W 152829	Due no later than Jun 30, 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. HILLARY WHIPPLE, DMD, PLLC HILLARY WHIPPLE 5 E GALENA HAILEY ID 83333		HILLARY WHIPPLE 26 LAKE CREEK DR KETCHUM ID 83340			
			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	HILLARY WHIPPLE	24 LAKE CREEK DRIVE	KETCHUM	ID	USA	83340
5. Organized Under the Laws of: ID W 152829	6. Annual Report must be signed.* Signature: HILLARY WHIPPLE Name (type or print): HILLARY WHIPPLE		Date: 05/01/2017 Title: OWNER			
Processed 05/01/2017		* Electronically provided signatures are accepted as original signatures.				