

No. W 35668		Due no later than Jan 31, 2018		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. HUGHES & CRESS, P.L.L.C. JUSTIN C CRESS 834 FALLS AVE STE 2030 TWIN FALLS ID 83301		JAMES P HUGHES DDS PA 834 FALLS AVE STE 2030 TWIN FALLS ID 83301	
				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	JAMES P HUGHES DDS PA	834 FALLS AVE STE 2030	TWIN FALLS	ID	83301
MEMBER	JUSTIN C CRESS DDS PA	834 FALLS AVE STE 2030	TWIN FALLS	ID	83301
5. Organized Under the Laws of: ID W 35668		6. Annual Report must be signed.* Signature: Justin C Cress, DDS Name (type or print): Justin C Cress, DDS Date: 11/27/2017 Title: Member			
Processed 11/27/2017		* Electronically provided signatures are accepted as original signatures.			