No. <b>W 50853</b>		Due no later than May 31, 2018		2. Registered Agent and Address (NO PO BOX)			
eturn to:		REZ DMD AVE	301 PRESTO LEWISTON 1	WILLIAM J PEREZ DMD 301 PRESTON AVE LEWISTON ID 83501  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE							
200	er Names and Addresse	s of at least one Member or Manager.					
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER WILLIAI MEMBER MARY	M J PEREZ DMD PEREZ	301 PRESTON AVE 301 PRESTON AVE	LEWISTON LEWISTON	ID ID		83501 83501	
5. Organized Under the Laws of: 6. Annual		nnual Report must be signed.*					
ID	Signature: Wil	Signature: William Perez		Date: 03/20/2018			
W 50853	Name (type or	Name (type or print): William Perez		Title: member			
Processed 03/20/2018	* Electronically pr	* Electronically provided signatures are accepted as original signatures.					