

No. W 155217	Due no later than Aug 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. MACNEILL FAMILY DENTAL, PLLC JONI MACNEILL DDS 1575 ONTARIO ST SANDPOINT ID 83864		JONI MACNEILL DDS 1575 ONTARIO ST SANDPOINT ID 83864			
			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	JONI MACNEILL	418 S. 1ST AVE.	SANDPOINT	ID	USA	83864
5. Organized Under the Laws of: ID W 155217		6. Annual Report must be signed.* Signature: joni macneill Name (type or print): joni macneill Date: 06/18/2018 Title: owner/denists				
Processed 06/18/2018		* Electronically provided signatures are accepted as original signatures.				