No. W 105478 Return to:		Due no later than Aug 31, 2018 Annual Report Form			Registered Agent and Address (NO PO BOX) MARTY ANDERSON			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. KW DENTAL PLLC KELLY WEAVER 1459 N 620 E SHELLEY ID 83274		IDAHO FA	3480 MERLIN DR IDAHO FALLS ID 83404 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Companies:	Enter Nar	mes and Addresses	s of at least one Member or Manager.					
Office Held Nar	me		Street or PO Address	City	State	Country	Postal Code	
MANAGER KEL	LY LAVO	N WEAVER	1459 N 620 E	SHELLEY	ID	USA	83274	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Kelly Weaver			Date: 07/24/2018			
W 105478		Name (type or		Title: owner				
Processed 07/24/2018		* Electronically provided signatures are accepted as original signatures.						