

No. <b>W 11812</b>		<b>Due no later than Apr 30, 2017</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  BEAR LAKE DENTAL CARE, PLLC MONTY B WESTON DDS 215 S 4TH MONTPELIER ID 83254		MONTY B WESTON 215 S 4TH MONTPELIER ID 83254			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				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	MONTY B WESTON DDS PA	215 SO 4TH	MONTPELIER	ID	USA	83254	
MEMBER	MICAH D HIMMERICH	215 SO 4TH	MONTPELIER	ID	USA	83254	
5. Organized Under the Laws of:  <b>ID</b> <b>W 11812</b>		6. Annual Report must be signed.*  Signature: Monty B Weston Name (type or print): Monty B Weston  Date: 02/27/2017 Title: Member					
Processed 02/27/2017 * Electronically provided signatures are accepted as original signatures.							