No. <b>W 134398</b>		Due no later than Feb 28, 2017		2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		JEFFERY J CRANDALL			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  GRIFFITTS FACIAL AND ORAL SURGERY, PLLC TREVOR M GRIFFITTS 511 W HANLEY AVE STE C COEUR D ALENE ID 83815		8596 N WAYNE DR STE A HAYDEN ID 83835  3. New 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
MANAGER LESLEY D WOOD		511 WEST HANLEY SUITE C	COEUR D'ALENE	ID	USA	83815	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID		Signature: Lesley D.	Date: 01/31/2017				
W 134398		Name (type or print): Lesley D. Wood		Title: Office Manager			
Processed 01/31/2017		* Electronically provided signatures are accepted as original signatures.					