No. <b>W 154195</b>	Due no later than Jul 31, 2018		2. Registered Agent and Address (NO PO BOX)			
Return to:	Annual Report Form		WILLIAM BLAKE BYBEE			
SECRETARY OF STATE	1. Mailing Address: Correct in this box if needed.		5833 W HIDDEN SPRINGS DR HIDDEN SPRINGS ID 83714-8371			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	HIDDEN SPRINGS DENTAL PLLC WILLIAM BLAKE BYBEE 5833 W HIDDEN SPRINGS DR					
	HIDDEN SPRINGS ID 83714		3. <u>New</u> Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE						
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 WILLIAM BLAKE BYBEE 5833 W. HIDDEN SPRINGS DRIVE			HIDDEN SPRINGS	ID	USA	83714
5. Organized Under the Laws of: 6. Annual Report must be signed.*						
ID	Signature: William Blake Bybee		Date: 05/22/2018			
W 154195	<b>W 154195</b> Name (type or print): William Blake Bybee		Title: Owner			
Processed 05/22/2018	* Electronically provided signatures are accepted as original signatures.					