

No. <b>W 89787</b>		<b>Due no later than Jan 31, 2018</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>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b>  ALL SMILES DENTAL CARE, LLC RONALD C RICE 515 E 5TH STREET N BURLEY ID 83318		RONALD C RICE 515 E 5TH ST N BURLEY ID 83318			
				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	RONALD C RICE	515 EAST 5TH STREET NORTH	BURLEY	ID	USA	83318	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>ID W 89787</b>		Signature: Ronald C Rice				Date: 12/12/2017	
		Name (type or print): Ronald C Rice				Title: owner	
Processed 12/12/2017		* Electronically provided signatures are accepted as original signatures.					