

No. W 168512		Due no later than Jun 30, 2018		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form 1. Mailing Address: Correct in this box if needed. TWIN FALLS DENTAL GROUP, PLLC PHILIP HARPER 3548 WASHINGTON PARKWAY IDAHO FALLS ID 83404		PHILIP HARPER 3548 WASHINGTON PKWY IDAHO FALLS ID 83404			
				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	NATHAN GEORGE	2287 ANDREW STREET	POCATELLO	ID	USA	83201	
MEMBER	CHRIS HANSEN	4950 TANGLEWOOD DRIVE	IDAHO FALLS	ID	USA	83406	
MEMBER	PHILIP HARPER	4650 MAJESTIC VIEW	AMMON	ID	USA	83406	
5. Organized Under the Laws of: ID W 168512		6. Annual Report must be signed.* Signature: Lisa Shuman Name (type or print): Lisa Shuman Date: 07/02/2018 Title: Regional Manager					
Processed 07/02/2018		* Electronically provided signatures are accepted as original signatures.					