

No. W 103285		Due no later than May 31, 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. ANDREA S RADABAUGH, DDS, PLLC ANDREA S RADABAUGH DDS PO BOX 218 CRAIGMONT ID 83523		ANDREA S RADABAUGH DDS 420 N DIVISION CRAIGMONT ID 83523			
				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	ANDREA S RADABAUGH	420 N DIVISION	CRAIGMONT	ID	USA	83523	
5. Organized Under the Laws of: ID W 103285		6. Annual Report must be signed.* Signature: Andrea Radabaugh DDS Name (type or print): Andrea Radabaugh DDS Date: 04/05/2018 Title: Owner Dentist					
Processed 04/05/2018		* Electronically provided signatures are accepted as original signatures.					