No. W 142507		Due no later than Sep 30, 2017		2.	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			ALL DAY \$49 IDAHO REGISTERED A			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. ULTIMATE DENTAL LLC JASON SCOTT 10448 W GARVERDALE CT 604		' <u> </u>	784 S CLEARWATER LOOP STE F POST FALLS ID 83854 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE		BOISE ID 83704 USA						
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.								
Office Held	Name		Street or PO Address	C	City	State	Country	Postal Code
MEMBER JASON S SO		COTT	2268 W RATTLESNAKE DR	M	IERIDIAN	ID		83646
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Jason Scott			Date: 09/19/2017			
W 142507		Name (type or print): Jason Scott			Title: Owner			
Processed 09/19/2017 * Electronically provided signatures are accepted as original signatures.								