No. W 125990		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	DILLE DE DILLE & 117 14T	Annual Report Form 1. Mailing Address: Correct in this box if needed. DILLE DENTAL, PLLC DILLE & ASSOCIATES 117 14TH AVE S NAMPA ID 83651 BRYAN J DILLE 362 CLABBY RD WEISER ID 83672-5834 WEISER ID 83672-5834 3. New Registered Agent Signature:					
NO FILING FEE IF RECEIVED BY DUE DAT	E						
4. Limited Liability Companies: I	Enter Names and Ado	dresses of at least one Member or Manager.					
Office Held Nam	ne	Street or PO Address	City	State	Country	Postal Code	
MANAGER BRY	an j dille	362 Clabby RD	WEISER	ID	USA	83672-5834	
5. Organized Under the Laws o		6. Annual Report must be signed.*					
ID III		Signature: BRYAN J DILLE Date: 04/23/2018					
W 125990	Name (t	Name (type or print): BRYAN J DILLE Title: MANAGER					
Processed 04/23/2018	* Electronic	* Electronically provided signatures are accepted as original signatures.					