No. <b>W 43817</b>		Due no later than Oct 31, 2017		2	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			BRIAN GALBRATH			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  SUN VALLEY DENTAL GROUP, PLLC BRIAN GALBRAITH PO BOX 3360 KETCHUM ID 83340			181 FIRST AVE N BOX 3360 KETCHUM ID 83340  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE		KETCHOM ID	63340		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
MANAGER BRIAN C GA		LBRAITH	181 FIRST AVE NORTH		KETCHUM	ID	USA	83340
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Brian Galbraith			Date: 11/20/2017			
W 43817		Name (type or print): Brian Galbraith			Title: Manager			
Processed 11/20/2017 * Electronically provided signatures are accepted as original signatures.								