| No. W 136888 | Due no later than Apr 30, 2017 | | 2. Registered A | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|---|----------------------|--------------------------------|---|------------------|-------------|--|
| Return to: | Annual Report Form | | to recover or recover accommon | STEPHANIE J MOWER | | | |
| SECRETARY OF STATE | 1. Mailing Address: Correct in this box if needed. STEPHANIE J MOWER DMD PLLC STEPHANIE J MOWER 1166 N COLE RD STE A BOISE ID 83704 | | | 1166 N COLE RD STE A BOISE ID 83704 | | | |
| 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | | BOISE ID | | | | |
| | | | 3. <u>New</u> Registe | 3. <u>New</u> Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | | |
| 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 STEPHANIE | J MOWER | 1166 N COLE RD STE A | BOISE | ID | USA | 83704 | |
| 5. Organized Under the Laws of: | 6. Annual Repor | | | | | | |
| ID | Signature: Stephanie J Mower | | | Date: | Date: 04/21/2017 | | |
| W 136888 | Name (type o | | Title: Member | | | | |
| Processed 04/21/2017 | * Electronically provided signatures are accepted as original signatures. | | | | | | |