

No. W 42419	Due no later than Aug 31, 2017 Annual Report Form		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	1. Mailing Address: Correct in this box if needed.		JACQUELINE MABREY 1119 N 4TH ST COEUR D'ALENE ID 83814-3216			
	TEETH MAKERS LLC RENTAL JACQUELINE MABREY 1119 N 4TH ST COEUR D'ALENE ID 83814-3216		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	JACQUELINE MABREY	1119 N 4TH ST	COEUR D'ALENE	ID		83814
MEMBER	KIMBERLEE VERBRUGGE	1119 N 4TH ST	COEUR D'ALENE	ID		83814
5. Organized Under the Laws of: ID W 42419	6. Annual Report must be signed.*					
		Signature: MADISON ROWLEY	Date: 06/20/2017			
		Name (type or print): MADISON ROWLEY	Title: ACCOUNTANT			
Processed 06/20/2017		* Electronically provided signatures are accepted as original signatures.				