

No. W 121741		Due no later than Feb 28, 2017		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. BOISE WEST DENTAL HEALTH CENTER, LLC F BRION LOWRY 9460 FRANKLIN RD BOISE ID 83709		F BRION LOWRY 9460 FRANKLIN RD BOISE ID 83709			
				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	BENJAMIN DAVIS LOWRY	9460 FRANKLIN ROAD	BOISE	ID	USA	83709	
MEMBER	ERIC BRION LOWRY	9460 FRANKLIN ROAD	BOISE	ID	USA	83709	
5. Organized Under the Laws of: ID W 121741		6. Annual Report must be signed.* Signature: JoAnn Lowry Name (type or print): JoAnn Lowry					
Date: 01/03/2017 Title: Bookkeeper							
Processed 01/03/2017		* Electronically provided signatures are accepted as original signatures.					