No. W 122732		Due no later than Mar 31, 2017		2. Registered Agent and Address (NO PO BOX)				
Return to:		Annual Report Form		STEVEN J RINALDI				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. RAINBOW DENTAL CLINIC, L.L.C. STEVEN J RINALDI 418 W CAMERON AVE KELLOGG ID 83837			418 W CAMERON AVE KELLOGG ID 83837 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compa	nies: Enter Na	mes and Addresses of	at least one Member or Manager.					
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
MANAGER	MANAGER STEVE J RINALDI		418 W CAMERON AVE		KELLOGG	ID	USA	83837
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Steven J Rinaldi			Date: 03/14/2017			
W 122732		Name (type or print): Steven J Rinaldi			Title: owner			
Processed 03/14/2017		* Electronically provided signatures are accepted as original signatures.						