No. W 136792		Due no later than Apr 30, 2016		2. Registered A	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		Annual Report Form 1. Mailing Address: Correct in this box if needed. IDAHO MOBILE SMILES, LLC AMANDA SCHLOFMAN 151 SW 7TH AVE MERIDIAN ID 83642		151 SW 7TH	AMANDA SCHLOFMAN 151 SW 7TH AVE MERIDIAN ID 83642			
				3. <u>New</u> Register	3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Compar	nies: Enter Nai	mes and Addresse	s of at least one Member or Manager.	•				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER AMANDA SCI		CHLOFMAN	151 SW 7TH AVE	MERIDIAN	ID	USA	83642	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Amanda Schlofman		ı	Date: 02/26/2016			
W 136792		Name (type or print): Amanda Schlofman		-	Title: Dental Hygienist			
Processed 02/26/2016		* Electronically pr	ovided signatures are accepted as origina	al signatures.				