

No. W 113417	Due no later than Apr 30, 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.		MICAH HIMMERICH 215 S 4TH ST MONTPELIER ID 83254			
	HIMMERICH DENTAL LLC MICAH HIMMERICH PO BOX 104 COKEVILLE WY 83114		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
MANAGER	MICAH D HIMMERICH	PO BOX 104	COKEVILLE	WY	USA	83114
5. Organized Under the Laws of: WY W 113417		6. Annual Report must be signed.* Signature: Micah Himmerich Name (type or print): Micah Himmerich		Date: 04/25/2017 Title: Manager		
Processed 04/25/2017		* Electronically provided signatures are accepted as original signatures.				