





(208) 334-2301 Filing Fee: \$0.00 For Office Use Only

-FILED-

File #: 0005735497

Date Filed: 5/13/2024 10:38:24 AM

Entity Name and Mailing Address:					
Entity Name:			NORTH IDAHO FAMILY DENTISTRY, PLLC		
The file number of this entity on the records of the Idaho Secretary of State is:			0000559186		
Address			6503 HARRISON ST BONNERS FERRY, ID 83805-8619		
Entity Details:	-		-		
Entity Status			Active-Existing		
This entity is organized under the laws of:			IDAHO		
If applicable, the old file number of the Idaho Secretary of State was:	this entity on the reco	ords of W185023	3		
The registered agent on record is:					
Registered Agent			AMIE GEYMAN		
			Registered Agent		
			Physical Address		
			6503 HARRISON STR BONNERS FERRY, ID 83805		
			Mailing Address		
Agent or Address Change					
Select if you are appointing a	new agent.				
Limited Liability Company Managers and Me	mbers				
Name	Title		Business Address		
Taylor Geyman	Manager		503 HARRISON STREET SONNERS FERRY, ID 83805		
The annual report must be signed by an auth Job Title: Office Manager	orized signer of the entity.				
				05/40/0004	
Jessica Barras				05/13/2024	
Sign Here				Date	