

No. W 133969	Due no later than Feb 28, 2018 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	1. Mailing Address: Correct in this box if needed. LAKE HARBOR DENTAL, PLLC MICHAEL E PETERSON 5355 W STATE ST BOISE ID 83703		ERIC BALLOU 5355 W STATE ST BOISE ID 83703			
NO FILING FEE IF RECEIVED BY DUE DATE			3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.						
Office Held MEMBER	Name MICHAEL E PETERSON, D.D.S., P.A.	Street or PO Address 5355 W STATE ST	City BOISE	State ID	Country	Postal Code 83703
5. Organized Under the Laws of: ID W 133969	6. Annual Report must be signed.* Signature: michael e peterson Name (type or print): michael e peterson Date: 02/08/2018 Title: owner					
Processed 02/08/2018	* Electronically provided signatures are accepted as original signatures.					