No. W 81668		Due no later than Feb 28, 2018		2. Registered Ag	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. ARTISTIC DENTAL LLC SANDRA Z SEYMOUR 1227 FILER AVE E TWIN FALLS ID 83301		1227 FILER A TWIN FALLS	SANDRA Z SEYMOUR 1227 FILER AVE E TWIN FALLS ID 83301 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
200 DO N		nes and Addresse	es of at least one Member or Manager.	C 11				
	lame		Street or PO Address	City	State	Country	Postal Code	
	SANDRA Z SEYMOUR MIKE E GOODSON		1227 FILER AVE E 236 TYLER	TWIN FALLS TWIN FALLS	ID ID	USA USA	83301 83301	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 81668		Signature: SANDRA Z Seymour Date: 03/14/2018					}	
		Name (type o	r print): SANDRA Z Seymour		Title: owner			
Processed 03/14/2018	* Electronically provided signatures are accepted as original signatures.							