

No. W 64740	Due no later than Jul 31, 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 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed.		ZACHARY HARRIS BRUMBACH DDS 609 CALGARY CT STE 104 POST FALLS ID 83854			
	BRUMBACH FAMILY DENTISTRY PLLC ZACHARY H BRUMBACH 609 CALGARY CT 104 POST FALLS ID 83854		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	ZACHARY HARRIS BRUMBACH	3965 CIELO VIEW LOOP	COEUR D ALENE	ID	USA	83814
5. Organized Under the Laws of: ID W 64740	6. Annual Report must be signed.*					
		Signature: zhb	Date: 05/21/2018			
		Name (type or print): zhb	Title: owner			
Processed 05/21/2018		* Electronically provided signatures are accepted as original signatures.				