

No. W 185023		Due no later than Jun 30, 2018		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. NORTH IDAHO FAMILY DENTISTRY, PLLC TAYLOR GEYMAN 6503 HARRISON STREET BONNERS FERRY ID 83805 USA		AMIE GEYMAN 6503 HARRISON STR BONNERS FERRY ID 83805-8380	
				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	AMIE GEYMAN	6503 HARRISON STREET	BONNERS FERRY	ID	USA 83805
5. Organized Under the Laws of: ID W 185023		6. Annual Report must be signed.* Signature: Taylor Geyman Name (type or print): Taylor Geyman Date: 04/24/2018 Title: Owner			
Processed 04/24/2018		* Electronically provided signatures are accepted as original signatures.			