

No. W 185023		Due no later than Jun 30, 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. 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			
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 MANAGER	Name AMIE GEYMAN	Street or PO Address 6503 HARRISON STREET		City BONNERS FERRY	State ID	Country USA	Postal Code 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.							