

No. <b>W 91309</b>	<b>Due no later than Mar 31, 2018</b> <b>Annual Report Form</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>1. Mailing Address: Correct in this box if needed.</b> ASPIRE DENTAL, PLLC JOSEPH JOHNSON 30336 HIGHWAY 200 SUITE A PONDERAY ID 83852 USA		JOSEPH JOHNSON 544 GRANITE RIDGE DR SANDPOINT ID 83864			
			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
MEMBER	JOSEPH JOHNSON	544 GRANITE RIDGE DR	SANDPOINT	ID	USA	83864
5. Organized Under the Laws of:  <b>ID</b> <b>W 91309</b>		6. Annual Report must be signed.* Signature: Joseph Johnson Name (type or print): Joseph Johnson		Date: 03/08/2018 Title: Manager		
Processed 03/08/2018		* Electronically provided signatures are accepted as original signatures.				