

No. W 95853		Due no later than Aug 31, 2017		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. BENNETT DENTAL ARTS LLC JEFFERY D BENNETT 3123 E JOHN ADAMS PKWY IDAHO FALLS ID 83406 USA		JEFFERY D BENNETT 3123 E JOHN ADAMS PKWY IDAHO FALLS ID 83406					
				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	JEFFERY D BENNETT	3123 E. JOHN ADAMS PKWY.	IDAHO FALLS	ID	USA	83406			
5. Organized Under the Laws of: ID W 95853		6. Annual Report must be signed.* Signature: Jeffery D Bennett Name (type or print): Jeffery D Bennett							
		Date: 06/27/2017 Title: Owner							
Processed 06/27/2017		* Electronically provided signatures are accepted as original signatures.							