No. <b>W 162060</b>		Due no later than Feb 28, 2018		2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		DOUGLAS DOWDLE DMD			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  WILLOW TREE DENTAL, PLLC  WILLOW TREE DENTAL  317 W. CHERRY LN.  MERIDIAN ID 83642		317 W CHERRY LN MERIDIAN ID 83642  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE		USA mes and Addresses of at least one Member or Manager.					
200			1 2 manual Section 10 manual Section 10	611	<b>C</b> 1 1		5
Office Held	Name		PO Address	City	State	Country	Postal Code
MEMBER 	BLAKE N IM	AM 317 W. C	CHERRY LN.	MERIDIAN	ID	USA	83642
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID		Signature: Blake N Imam		Date: 03/14/2018			
W 162060		Name (type or print): Blake N Imam		Title: Member			
Processed 03/14/2018 * Electronically provided signatures are accepted as original signatures.							