No. W 13032		Due no later than Sep 30, 2017 Annual Report Form 1. Mailing Address: Correct in this box if needed. PENNSYLVANIA DENTAL, PLLC DEVIN J STAMPFLI DDS 150 E BOISE AVE BOISE ID 83706-4302		2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080				150 E BOIS BOISE ID	DEVIN STAMPFLI DDS 150 E BOISE AVE BOISE ID 83706-4302 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE			follows March and March					
	s: Enter Nar Jame	nes and Addresse	es of at least one Member or Manager. Street or PO Address	City	State	Country	Postal Code	
MEMBER D	DEVIN J STAMPFLI ELISE N. HELVIE, PLLC		150 E BOISE AVE 150 E BOISE AVE	BOISE BOISE	ID ID	USA USA	83706-4302 83706	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 13032		Signature: De		Date: 07/27/2017				
		Name (type o		Title: Member				
Processed 07/27/2017		* Electronically provided signatures are accepted as original signatures.						