

No. W 103352	Due no later than May 31, 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 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. FIVE MILE DENTAL, PLLC RICHARD HEEMEYER DMD 438 W BACALL DR MERIDIAN ID 83646 USA		JON D HILL 339 W STATE ST STE 205 EAGLE ID 83616			
			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	RICHARD HEEMEYER	438 W BACALL DR	MERIDIAN	ID	USA	83646
5. Organized Under the Laws of: ID W 103352	6. Annual Report must be signed.* Signature: Richard Heemeyer Name (type or print): Richard Heemeyer		Date: 03/30/2018 Title: Member			
Processed 03/30/2018		* Electronically provided signatures are accepted as original signatures.				