

No. W 97260	Due no later than Oct 31, 2013 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.		RHEANNA BURNHAM 105 E 10TH AVE POST FALLS ID 83854			
	7 DAY DENTAL SMILES, PLLC RHEANNA BURNHAM 105 E 10TH AVE POST FALLS ID 83854		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	CRIS BURNHAM	605 N 3RD STREET	COEUR D'ALENE	ID	USA	83814
5. Organized Under the Laws of: ID W 97260		6. Annual Report must be signed.* Signature: Rheanna Burnham Name (type or print): Rheanna Burnham		Date: 08/16/2013 Title: Owner		
Processed 08/16/2013		* Electronically provided signatures are accepted as original signatures.				