

No. W 119574		Due no later than Dec 31, 2017		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. KYLE J. EWERT, DDS, PLLC KYLE EWERT 307 S 8TH ST ST MARIES ID 83861		UNITED STATES CORPORATION AGEN 800 W MAIN ST STE 1460 BOISE ID 83702	
				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	KYLE EWERT	245 GREENSTONE DR.	ST. MARIES	ID	USA 83861
5. Organized Under the Laws of: ID W 119574		6. Annual Report must be signed.* Signature: Kyle Ewert Name (type or print): Kyle Ewert Date: 10/30/2017 Title: Owner			
Processed 10/30/2017		* Electronically provided signatures are accepted as original signatures.			