

No. W 70004		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. PARKWEST DENTAL CARE PLLC 885 PANCHERI DR IDAHO FALLS ID 83402-3344		GREGORY C CALDER 2105 CORONADO ST IDAHO FALLS ID 83404	
				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	BRETT D JACOBSON	885 PANCHERI DR	IDAHO FALLS	ID	83402-3344
MANAGER	JAMES G DRAKE	885 PANCHERI DR	IDAHO FALLS	ID	83402-3344
MANAGER	JAMES G LOTS DONE PLLC	885 PANCHERI DR.	IDAHO FALLS	ID	83402-3344
MANAGER	BRETT D BDJ PLLC	885 PANCHERI DR	IDAHO FALLS	ID	83402-3344
5. Organized Under the Laws of: ID W 70004		6. Annual Report must be signed.* Signature: Brett Jacobson Name (type or print): Brett Jacobson Date: 11/01/2017 Title: Member			
Processed 11/01/2017		* Electronically provided signatures are accepted as original signatures.			