

No. <b>W 158908</b>		Due no later than Nov 30, 2016		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b> CORNERSTONE FAMILY DENTAL, PLLC 44 S CENTER ST REXBURG ID 83440		THOMAS D SNARR DDS PA 44 S CENTER ST REXBURG ID 83448-8344			
				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	BO CROFOOT	306 S CUTLER AVE	SUGAR CITY	ID	USA	83448	
5. Organized Under the Laws of: <b>ID</b> <b>W 158908</b>		6. Annual Report must be signed.* Signature: bo crofoot Name (type or print): bo crofoot					
		Date: 10/05/2016 Title: Manager/Doctor					
Processed 10/05/2016		* Electronically provided signatures are accepted as original signatures.					