TO: +12083342080

P. 2

W 152899

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Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE 4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. Manager or Member Name Street or PO Address City State Country Postal Code Manager Member Memb	No. W 152899	Due no later than Jun 30, 2017	Registered Agent and Office (NOT A P.O. BOX)	
## A. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. ### Manager or Member Name Street or PO Address City State Country Postal Code	SECRETARY OF STATE 450 N 4th STREET PO BOX 83720	1. Mailing Address: Correct in this box if needed. DRISCOLL DENTAL, PLLC MITCH DRISCOLL 889 DELL ROAD	889 DELL ROAD	
Manager or Member Name Street or PO Address City State Country Postal Code	RECEIVED BY DUE		3. New Registered Agent Signature.	
Manager Member Mitch J Drison 889 Du Pol Chutbrek TO WSA 83202 Manager Member Member Manager Member 5. Organized Under the Laws of: IDAHO W 152899 Mitch J Drison 889 Du Pol Chutbrek TO WSA 83202 Date: 5. Organized Under the Laws of: 6. Signature: Date: 7/20/47 Fille: Name (type or print): Title: During Owner.	4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.			
Manager Member Manager Member Manager Member Manager Member 5. Organized Under the Laws of: IDAHO W 152899 Name (type or print): Mtch On'swill Name (type or print): Mtch On'swill	Manager or Member	Name Street or PO Address City	State Country Postal Code	
Manager Member Manager Member 5. Organized Under the Laws of: IDAHO W 152899 Name (type or print): Mtch T On'swill Name (type or print): Owner: Owner:	Manager Member 🗌	Mitch J Driscoll 889 Du Pol Chut	me 70 USH 83202	
Manager Member 5. Organized Under the Laws of: IDAHO W 152899 Mame (type or print): Mtch T Onswill Date: Title: Date: Title: Date: Title: Date: D	Manager 🗌 Member 🗌			
5. Organized Under the Laws of: IDAHO W 152899 Mth T Onswill Signature: Name (type or print): Mth T Onswill Owner	Manager Member			
IDAHO W 152899 Signature: Mth J Onswill Date: 7/26ft = Title: Mth J Onswill Date: 7/26ft = Title: Mth J Onswill Date: 1/26ft = Title:	Manager Member Member			
IDAHO W 152899 Signature: Mame (type or print): Mtch J Onswill Date: 7/26ft = Title: Mtch J Onswill Date: 1	5. Organized Under the La	ws of: 6.	2 0	
W 152899 Whiteh I Onswill Name (type or print): Mitch I Onswill Discoil		†	Date:	
W 152899 Name (type or print): Mitch T Orisall During	IDAHO		7/2/22	
Mitch I Orisall Owner o	W 152899		7 1001110	
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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM