

W 152899

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No. W 152899		Due no later than Jun 30, 2017 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) MITCH DRISCOLL 889 DELL ROAD CHUBBUCK ID 83202	
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed. DRISCOLL DENTAL, PLLC MITCH DRISCOLL 889 DELL ROAD CHUBBUCK ID 83202		3. <u>New</u> Registered Agent Signature.	
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 <input checked="" type="checkbox"/> Member <input type="checkbox"/>		Mitch J Driscoll	889 Dell Rd	Chubbuck ID	USA 83202
Manager <input type="checkbox"/> Member <input type="checkbox"/>					
Manager <input type="checkbox"/> Member <input type="checkbox"/>					
Manager <input type="checkbox"/> Member <input type="checkbox"/>					
5. Organized Under the Laws of: IDAHO W 152899		6. Signature: <i>Mitch J Driscoll, DMD</i> Name (type or print): Mitch J Driscoll		Date: 7/26/17 Title: Owner	
Issued 07/26/2017 by online					

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM