No. **W 15892**	**Due no later than Jul 31, 2018**	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.** PRESTON DENTAL CARE, PLLC KURT O IVERSON 135 S STATE ST PRESTON ID 83263	KURT O IVERSON 135 S STATE ST PRESTON ID 83263 3. New 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	KURT O IVERSON	135 S STATE ST	PRESTON	ID	USA	83263
MEMBER	MARGRET K IVERSON	135 S STATE ST	PRESTON	ID	USA	83263

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 15892**	Signature: Kurt O Iverson DDS	Date: 06/20/2018
	Name (type or print): Kurt O Iverson DDS	Title: President

Processed 06/20/2018

* Electronically provided signatures are accepted as original signatures.