

No. W 49843		Due no later than Apr 30, 2017 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. SHANE D. VANIA, D.D.S., PLLC SHANE D VANIA 5143 E. WARM SPRINGS AVE. BOISE ID 83716		SHANE D VANIA 3600 E ALTA RIDGE CT BOISE ID 83716			
NO FILING FEE IF RECEIVED BY DUE DATE				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	
MEMBER	SHANE D VANIA	3600 E ALTA RIDGE CT	BOISE	ID	83716		
MEMBER	SHANE D VANIA	3600 E ALTA RIDGE CT	BOISE	ID	USA		83716
5. Organized Under the Laws of: ID W 49843		6. Annual Report must be signed.* Signature: Shane D. Vania, DDS Name (type or print): Shane D. Vania, DDS					
		Date: 02/22/2017 Title: Dentist					
Processed 02/22/2017 * Electronically provided signatures are accepted as original signatures.							