

No. <b>W 159615</b>	<b>Due no later than Dec 31, 2017</b> <b>Annual Report Form</b>	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>  OUR TOWN FAMILY DENTISTRY, PLLC JASON CARTER 39 WEST IDAHO STREET WEISER ID 83672	D. GARTH STODDARD 1417 WINCHESTER DR POCATELLO ID 83201				
		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	JASON CARTER	39 WEST IDAHO ST	WEISER	ID	USA	83672
5. Organized Under the Laws of:  <b>ID</b> <b>W 159615</b>	6. Annual Report must be signed.* Signature: W Jason Carter Name (type or print): W Jason Carter		Date: 12/13/2017 Title: Member			
Processed 12/13/2017		* Electronically provided signatures are accepted as original signatures.				