

No. W 108670		Due no later than Nov 30, 2016 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. ELEMENT DENTAL, PLLC RACHEL FEHLING 700 IRONWOOD DR #366 COEUR D ALENE ID 83814		RACHEL FEHLING DMD 745 N GOVERNMENT WAY COEUR D ALENE ID 83814			
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 MEMBER	Name RACHEL B FEHLING	Street or PO Address 745 N GOVERNMENT WAY		City COEUR D ALENE	State ID	Country USA	Postal Code 83814
5. Organized Under the Laws of: ID W 108670		6. Annual Report must be signed.* Signature: Rachel Fehling Name (type or print): Rachel Fehling Date: 10/28/2016 Title: owner					
Processed 10/28/2016 * Electronically provided signatures are accepted as original signatures.							