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| No. W 32548 | Due no later than Aug 31, 2018 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 NO FILING FEE IF RECEIVED BY DUE DATE | 1. Mailing Address: Correct in this box if needed. MERIDIAN PEDIATRIC DENTISTRY PLLC TOBY MERRIMAN 1550 E HERITAGE PARK ST STE 150 MERIDIAN ID 83646 | | TOBY MERRIMAN 1550 E HERITAGE PARK ST STE 150 MERIDIAN ID 83646 | | | |
| | | | 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 | TOBY MERRIMAN | 1550 E HERITAGE PARK ST STE 150 | MERIDIAN | ID | | 83646 |
| 5. Organized Under the Laws of: ID W 32548 | | 6. Annual Report must be signed.* Signature: Toby Merriman Name (type or print): Toby Merriman | | Date: 08/14/2018 Title: Member | | |
| Processed 08/14/2018 | | * Electronically provided signatures are accepted as original signatures. | | | | |