

No. W 35164	Due no later than Dec 31, 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 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. SILVER LAKE DENTAL, PLLC DIANE WOLFE 2201 N GOVERNMENT WAY STE A COEUR D'ALENE ID 83814		DIANE J WOLFE 2201 N GOVERNMENT WAY STE A COEUR D'ALENE ID 83814			
			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	JAMES HOUGH DDS	2201 N GOVERNMENT WAY STE A	COEUR D'ALENE	ID		83815
5. Organized Under the Laws of: ID W 35164		6. Annual Report must be signed.* Signature: James Huff Name (type or print): James Huff Date: 12/13/2017 Title: Managing Member				
Processed 12/13/2017		* Electronically provided signatures are accepted as original signatures.				