

No. W 1029		Due no later than Apr 30, 2018		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. BRINGHURST FAMILY DENTISTRY, P.L.L.C. LOUIS BRINGHURST POCATELLO CREEK OFFICE PARK 1175 CALL PLACE #200 POCATELLO ID 83201		LOUIS BRINGHURST POCATELLO CREEK OFFICE PARK 1175 CALL PLACE #200 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	G LOUIS BRINGHURST	POCATELLO CREEK OFFICE PARK 1175 CALL PLACE # 200	POCATELLO	ID	USA	83201	
MEMBER	ERIC L BRINGHURST	POCATELLO CREEK OFFICE PARK 1175 CALL PLACE # 200	POCATELLO	ID	USA	83201	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 1029		Signature: JENNIFER BRINGHURST				Date: 04/26/2018	
		Name (type or print): JENNIFER BRINGHURST				Title: MANAGER	
Processed 04/26/2018		* Electronically provided signatures are accepted as original signatures.					