

No. W 1029		Due no later than Apr 30, 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. 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: ID W 1029		6. Annual Report must be signed.* Signature: JENNIFER BRINGHURST Name (type or print): JENNIFER BRINGHURST					
		Date: 04/26/2018 Title: MANAGER					
Processed 04/26/2018 * Electronically provided signatures are accepted as original signatures.							