No. W 158908		Due no later than Nov 30, 2017	2. Registered Ag	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. CORNERSTONE FAMILY DENTAL, PLLC 44 S CENTER ST REXBURG ID 83440	44 S CENTER REXBURG ID	THOMAS D SNARR DDS PA 44 S CENTER ST REXBURG ID 83448-8344 3. New Registered Agent Signature:*			
RECEIVED BY DUE DATE							
4. Limited Liability Con	mpanies: Enter Nar	mes and Addresses of at least one Member or Manager.					
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
MANAGER	BO CROFOO	T 306 S CUTLER AVE	SUGAR CITY	ID	USA	83448	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID		Signature: bo	Date: 0	Date: 09/21/2017			
W 158908		Name (type or print): bo	Title: n	Title: manager			
Processed 09/21/2017 * Electronically provided signatures are accepted as original signatures.							