

No. W 57256		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		1. Mailing Address: Correct in this box if needed. DENTAL PARTNERS, PLLC KLINT R KELLER 203 7TH AVE S NAMPA ID 83651-3846		KLINT R KELLER 203 7TH AVE S NAMPA ID 83651			
NO FILING FEE IF RECEIVED BY DUE DATE				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	
MANAGER	KLINT R KELLER	203 7TH AVE S	NAMPA	ID	83651		
MANAGER	JASON B HAMMER	203 7TH AVE S	NAMPA	ID	83651		
5. Organized Under the Laws of: ID W 57256		6. Annual Report must be signed.* Signature: Clint R Keller Name (type or print): Clint R Keller					
		Date: 11/01/2017 Title: Owner					
Processed 11/01/2017		* Electronically provided signatures are accepted as original signatures.					