No. **W 47926**	**Due no later than Feb 28, 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**	**Annual Report Form** **1. Mailing Address: Correct in this box if needed.** PETERSON FAMILY DENTISTRY PLLC JOHN G PETERSON 1859 SOUTH TOPAZ AVENUE SUITE 250 MERIDIAN ID 83642	JOHN G PETERSON 1859 SOUTH TOPAZ WAY SUITE 250 MERIDIAN ID 83642 3. New 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	JOHN G PETERSON	1859 SOUTH TOPAZ WAY SUITE 250	MERIDIAN	ID	USA	83642

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 47926**	Signature: John Peterson	Date: 12/28/2017
	Name (type or print): John Peterson	Title: President/Owner

Processed 12/28/2017

* Electronically provided signatures are accepted as original signatures.