

No. W 113831	Due no later than May 31, 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	1. Mailing Address: Correct in this box if needed. CHILDREN'S DENTISTRY, PLLC LISA M BRYSON 349 W IOWA AVE NAMPA ID 83686		JEFFREY BRYSON 349 W IOWA AVE NAMPA ID 83686			
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 MANAGER	Name RACHEL MITCHELL	Street or PO Address 349 W IOWA AVE	City NAMPA	State ID	Country USA	Postal Code 83686
5. Organized Under the Laws of: ID W 113831	6. Annual Report must be signed.* Signature: Lisa Bryson Name (type or print): Lisa Bryson Date: 05/30/2018 Title: book keeper					
Processed 05/30/2018	* Electronically provided signatures are accepted as original signatures.					