No. C 139289		Due no later than Jun 30, 2017			2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		ROBERT ELLIS				
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. WESTWIND DENTAL P.A. ROBERT ELLIS 143 1/2 E MAIN RIGBY ID 83442-1417 USA			MARCI RIGBY ID 83442-1417 3. New Registered Agent Signature:*			
4. Corporations: Enter Na	ames and Busin	ess Addresses o	of President, Secretary, and Directors. Trea	asurer (optional).			
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
PRESIDENT SECRETARY	ROBERT L E MARCI ANN		143 1/2 E MAIN 143 1/2 E MAIN		RIGBY RIGBY	ID ID	USA USA	83442-1417 83442-1417
5. Organized Under the Laws of:		6. Annual Rep	ort must be signed.*					
ID		Signature: Marci			Date: 05/02/2017			
C 139289		Name (type or print): Marci			Title: Office Manager			
Processed 05/02/2017		* Electronically	provided signatures are accepted as origin	nal signa	atures.			