

No. W 64782	Due no later than Jul 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 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. BO G CROFOOT DDS PLLC 44 S CENTER REXBURG ID 83440		BO GORDYN CROFOOT 306 S CUTLER AVE Sugar City ID 83448			
			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	BO GORDYN CROFOOT	306 S CUTLER AVE	SUGAR CITY	ID		83448
MANAGER	JODIE LYNN CROFOOT	333 EAST 2ND NORTH	REXBURG	ID		83440
5. Organized Under the Laws of: ID W 64782	6. Annual Report must be signed.* Signature: bo Name (type or print): bo		Date: 05/22/2017 Title: manager			
Processed 05/22/2017		* Electronically provided signatures are accepted as original signatures.				