No. **W 171517**	**Due no later than Sep 30, 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.** DENTAL ANESTHESIA NORTHWEST, PLLC RICHARD J MONTANDON 1010 SHERMAN AVE COEUR D ALENE ID 83814	RICHARD J MONTANDON 1010 E SHERMAN AVE COEUR D ALENE ID 83814 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
MEMBER	RICHARD J MONTANDON	6269 E FRENCH GULCH RD	COEUR D ALENE	ID	USA	83814

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 171517**	Signature: RICHARD J MONTANDON	Date: 08/04/2017
	Name (type or print): RICHARD J MONTANDON	Title: Member

Processed 08/04/2017

* Electronically provided signatures are accepted as original signatures.