

No. W 10473		Due no later than Dec 31, 2017		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		G WILLIAM GODFREY 1980 BIRDIE THOMPSON DR POCATELLO ID 83201	
		1. Mailing Address: Correct in this box if needed. VALLEYVIEW FAMILY DENTISTRY, P.L.L.C. LEE R REDDISH 1980 BIRDIE THOMPSON DRIVE POCATELLO ID 83201		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	LEE R REDDISH	421 VISTA	POCATELLO	ID	83201
MANAGER	STEEL CITY PC	499 VISTA	POCATELLO	ID	83201
5. Organized Under the Laws of:		6. Annual Report must be signed.*			
ID W 10473		Signature: Lee R. Reddish		Date: 11/02/2017	
		Name (type or print): Lee R. Reddish		Title: manager	
Processed 11/02/2017		* Electronically provided signatures are accepted as original signatures.			