No. W 55709		Due no later than Oct 31, 2017 Annual Report Form			2. Registered Agent and Address (NO PO BOX) SCOTT FEATHERSTONE			
Return to:								
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. SCOTT FEATHERSTONE DDS, PLLC SCOTT L FEATHERSTONE PO BOX 1328 KETCHUM ID 83340-1328		K	191 5TH ST W KETCHUM ID 83340-1328 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Companie	es: Enter Na	mes and Addresses	s of at least one Member or Manager.					
Office Held	Name		Street or PO Address	Cit	.у	State	Country	Postal Code
MANAGER	SCOTT FEATHERSTONE		102 EAGLE CREEK LOOP	KE	TCHUM	ID		83340
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 55709		Signature: Scott Featherstone			Date: 09/06/2017			
		Name (type or print): Scott Featherstone			Title: Manager			
Processed 09/06/2017		* Electronically provided signatures are accepted as original signatures.						