

No. W 34001		Due no later than Oct 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		1. Mailing Address: Correct in this box if needed. FAMILY DENTAL CENTER, PLLC (THE) PAUL L HANSEN 625 W BRIDGE ST BLACKFOOT ID 83221		PAUL L HANSEN 625 W BRIDGE ST BLACKFOOT ID 83221			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MANAGER	Name PAUL HANSEN	Street or PO Address 135 S LAVASIDE RD		City BLACKFOOT	State ID	Country	Postal Code 83221
5. Organized Under the Laws of: ID W 34001		6. Annual Report must be signed.* Signature: Paul Hansen Name (type or print): Paul Hansen Date: 08/24/2017 Title: Manager					
Processed 08/24/2017 * Electronically provided signatures are accepted as original signatures.							