

No. <b>W 34001</b>		<b>Due no later than Oct 31, 2017</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b>  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	
				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	PAUL HANSEN	135 S LAVASIDE RD	BLACKFOOT	ID	83221
5. Organized Under the Laws of:  <b>ID W 34001</b>		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.			