

No. <b>W 147427</b>		<b>Due no later than Feb 29, 2016</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>1. Mailing Address: Correct in this box if needed.</b> COMFORT CARE DENTAL OF IDAHO FALLS, PLLC 3456 E 17TH #140 IDAHO FALLS ID 83406		PHILIP HARPER 3550 WASHINGTON PKWY IDAHO FALLS ID 83404			
				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	
MEMBER	PHIL HARPER	3550 WASHINGTON PKWY	IDAHO FALLS	ID	USA	83404	
MANAGER	CHRIS HANSEN	3550 WASHINGTON PKWY	IDAHO FALLS	ID	USA	83404	
5. Organized Under the Laws of: <b>ID</b> <b>W 147427</b>		6. Annual Report must be signed.* Signature: Robert Crandall Name (type or print): Robert Crandall					
		Date: 01/05/2016 Title: AGENT					
Processed 01/05/2016		* Electronically provided signatures are accepted as original signatures.					