

No. <b>W 65478</b>		<b>Due no later than Aug 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>		ANNELIESE HAWS DDS 1621 N LINDER RD KUNA ID 83634-8363			
		<b>1. Mailing Address: Correct in this box if needed.</b> SWAN FALLS FAMILY DENTISTRY PLLC ANNELIESE HAWS 1621 N. LINDER RD KUNA ID 83634		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	MARIE CLARK	1621 N LINDER	KUNA	ID	USA	83634	
5. Organized Under the Laws of:  <b>ID W 65478</b>		6. Annual Report must be signed.* Signature: Anneliese Haws Name (type or print): Anneliese Haws Date: 06/28/2017 Title: Dentist/Owner					
Processed 06/28/2017		* Electronically provided signatures are accepted as original signatures.					