

No. <b>W 143879</b>		<b>Due no later than Oct 31, 2015</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>  SMILEMAKERS DENTAL OF POCATELLO PLLC PAUL P ROMRIELL 135 WARREN POCATELLO ID 83201		PAUL P ROMRIELL 414 ROANOKE DR CHUBBUCK ID 83202			
				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	PAUL ROMRIELLE	414 ROANOKE DR	CHUBBUCK	ID	USA	83202	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>ID W 143879</b>		Signature: Paul Romrielle			Date: 08/25/2015		
		Name (type or print): Paul Romrielle			Title: Manager		
Processed 08/25/2015		* Electronically provided signatures are accepted as original signatures.					