No. <b>W 147536</b>		Due no later than Feb 28, 2017		2. Registered Agent and Address (NO PO BOX)				
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form  1. Mailing Address: Correct in this box if needed.  ONSITE DENTAL, PLLC KEITH L STUCKI 524 E FUJII DR NAMPA ID 83686		KEITH STUCKI				
					524 E FUJII DR NAMPA ID 83686  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compa	anies: Enter Nai	mes and Addresses of at	least one Member or Manager.					
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
MANAGER KEITH L STUC		UCKI	524 E. FUJII DR		NAMPA	ID	USA	83686
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Keith L. Stucki			Date: 12/21/2016			
W 147536		Name (type or print): Keith L. Stucki			Title: Manager			
Processed 12/21/2016 * Electronically provided signatures are accepted as original signatures.								