

No. <b>W 49513</b>	<b>Due no later than Apr 30, 2018</b> <b>Annual Report Form</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> WAYNE L. CLAIBORNE, D.D.S., LLC WAYNE L CLAIBORNE 10552 W GARVERDALE CT STE 902 BOISE ID 83704		WAYNE L CLAIBORNE 10552 W GARVERDALE CT STE 902 902 BOISE ID 83704			
			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	WAYNE L CLAIBORNE	10552 W GARVERDALE CT STE 902	902BOISE	ID		83704
5. Organized Under the Laws of:  <b>ID</b> <b>W 49513</b>		6. Annual Report must be signed.* Signature: Wayne L. Claiborne Name (type or print): Wayne L. Claiborne		Date: 02/26/2018 Title: Owner		
Processed 02/26/2018		* Electronically provided signatures are accepted as original signatures.				