No. **W 22093**	**Due no later than Jan 31, 2017** **Annual Report Form**	2. Registered Agent and Address **(NO PO BOX)**
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 **NO FILING FEE IF RECEIVED BY DUE DATE**	**1. Mailing Address: Correct in this box if needed.** WILLIAMS FAMILY DENTISTRY, PLLC PAUL S WILLIAMS DDS 1130 CALL CREEK DR POCATELLO ID 83201-3000 USA	PAUL S WILLIAM DDS 1130 CALL CREEK DR POCATELLO ID 83201-3000 3. New 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 WILLIAMS	1130 CALL CREEK DR	POCATELLO	ID	USA	83201-3000

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 22093**	Signature: Paul Williams	Date: 12/30/2016
	Name (type or print): Paul Williams	Title: Owner

Processed 12/30/2016

* Electronically provided signatures are accepted as original signatures.