No. **W 70392**	**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.** MATTHEW TUFT DENTAL LLC. MATTHEW TUFT 2974 NORTH SHARON AVE MERIDIAN ID 83646	MATTHEW TUFT 2974 NORTH SHARON AVE MERIDIAN ID 83646 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
MANAGER	MATTHEW TUFT	2974 NORTH SHARON AVE	MERIDIAN	ID		83646

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 70392**	Signature: Matthew Tuft	Date: 12/05/2016
	Name (type or print): Matthew Tuft	Title: Manager

Processed 12/05/2016

* Electronically provided signatures are accepted as original signatures.