

No. L 6596		Due no later than Sep 30, 2018		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		Annual Report Form		CRAIG J RENCHER 1148 HARMONY TWIN FALLS ID 83301			
		1. Mailing Address: Correct in this box if needed.		CRAIG RENCHER FAMILY LIMITED PARTNERSHIP CRAIG J RENCHER 1148 HARMONY TWIN FALLS ID 83301			
				3. <u>New</u> Registered Agent Signature:*			
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
GENERAL PARTNER	CRAIG J RENCHER	1148 HARMONY	TWIN FALLS	ID	USA	83301	
GENERAL PARTNER	CONNIE J RENCHER	1148 HARMONY	TWIN FALLS	ID	USA	83301	
GENERAL PARTNER	CRAIG JAY RENCHER FAMILY LLC	1148 HARMONY	TWIN FALLS	ID	USA	83301	
GENERAL PARTNER	ADVANCED DENTAL CARE OF TWIN FALLS LLC	247 RIVER VISTA PL STE 200	TWIN FALLS	ID	USA	83301	
5. Organized Under the Laws of: ID L 6596		6. Annual Report must be signed.* Signature: Craig Rencher Name (type or print): Craig Rencher		Date: 09/06/2018 Title: REGISTERED AGENT			
Processed 09/06/2018		* Electronically provided signatures are accepted as original signatures.					