

No. <b>W 113831</b>	<b>Due no later than May 31, 2017</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>1. Mailing Address: Correct in this box if needed.</b>  CHILDREN'S DENTISTRY, PLLC LISA M BRYSON 349 W IOWA AVE NAMPA ID 83686		JEFFREY BRYSON 349 W IOWA AVE NAMPA ID 83686			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>			3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.						
Office Held MANAGER	Name RACHEL MITCHELL	Street or PO Address 349 W IOWA AVE	City NAMPA	State ID	Country USA	Postal Code 83686
5. Organized Under the Laws of:  <b>ID</b> <b>W 113831</b>	6. Annual Report must be signed.*  Signature: RM Name (type or print): RM  Date: 06/20/2017 Title: Office Manager					
Processed 06/20/2017	* Electronically provided signatures are accepted as original signatures.					