

No. W 113831		Due no later than May 31, 2017		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 1. Mailing Address: Correct in this box if needed. CHILDREN'S DENTISTRY, PLLC LISA M BRYSON 349 W IOWA AVE NAMPA ID 83686		JEFFREY BRYSON 349 W IOWA AVE NAMPA ID 83686	
				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	RACHEL MITCHELL	349 W IOWA AVE	NAMPA	ID	USA 83686
5. Organized Under the Laws of: ID W 113831		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.			