No. W 120247		Due no later than Dec 31, 2017		2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. STELLAR PAINTLESS DENT REPAIR, LLC JEREMY THOMPSON 4162 BRACKEN WAY AMMON ID 83406		4162 BRACK AMMON ID	JEREMY THOMPSON 4162 BRACKEN WAY AMMON ID 83406 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE 4. Limited Liability Companies: Enter Nar		mes and Addresse	s of at least one Member or Manager					
	Name	mes and Addresse.	Street or PO Address	City	State	Country	Postal Code	
MEMBER	JEREMY L THOMPSON		4162 BRACKEN WAY	AMMON	ID	USA	83406	
5. Organized Under the Laws of: ID		6. Annual Report must be signed.* Signature: Jeremy Thompson			Date:	11/13/2017		
W 120247		Name (type or		Title: Owner				
* Electronically provided signatures are accepted as original signatures.								