No. <b>W 152708</b>		Due no later than Jun 30, 2018		2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			TODD L SQUIRES			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  TODD L. SQUIRES, DDS, PLLC  TODD L SQUIRES  15410 BARRETT VIEW CIR  CALDWELL ID 83607		Caldwell ID	15410 BARRETT VIEW CIR Caldwell ID 83607-8360  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE		USA						
2000 2000 000 000 000 000 000 000 000 0		mes and Addresse	s of at least one Member or Manager.	<b>2</b> 11				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER	TODD L SQ	UIRES	15410 BARRETT VIEW CIR	CALDWELL	ID	USA	83607	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 152708		Signature: To		Date: 06/28/2018				
		Name (type or		Title: MANAGER				
Processed 06/28/2018		* Electronically provided signatures are accepted as original signatures.						