

No. W 83563	Due no later than Apr 30, 2017 Annual Report Form		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	1. Mailing Address: Correct in this box if needed. HORSESHOE BEND FAMILY DENTISTRY, LLC DAVID E SEEGMILLER 2201 E GALA ST MERIDIAN ID 83642-2798		DAVID E SEEGMILLER 2201 E GALA ST MERIDIAN ID 83642			
			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
MEMBER	DAVID E SEEGMILLER	2201 E GALA ST	MERIDIAN	ID	USA	83642-2798
5. Organized Under the Laws of: ID W 83563		6. Annual Report must be signed.* Signature: David E Seegmiller Name (type or print): David E Seegmiller		Date: 05/01/2017 Title: Member		
Processed 05/01/2017		* Electronically provided signatures are accepted as original signatures.				