

No. W 60778	Due no later than Mar 31, 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. DOCTORS GARRARD AND WAYMENT, DENTISTS, PLLC. JOHN R GARRARD PO BOX 338 RUPERT ID 83350 USA		DR JOHN R GARRARD 301 SCOTT AVE, STE #3 RUPERT ID 83350			
			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	DR JOHN R GARRARD	508 RIVERSIDE DR	BURLEY	ID		83318
MEMBER	DR ROBBIE R WAYMENT	265 NORTH 125 WEST	RUPERT	ID		83350
5. Organized Under the Laws of: ID W 60778	6. Annual Report must be signed.* Signature: John R. Garrard Name (type or print): John R. Garrard		Date: 01/26/2017 Title: Owner			
Processed 01/26/2017		* Electronically provided signatures are accepted as original signatures.				