

No. W 160792	Due no later than Jan 31, 2018 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. PARAMOUNT FAMILY DENTAL, L.L.C. 10162 W FAIRVIEW AVE BOISE ID 83704		JOHN E HISEL JR DDS 10162 W FAIRVIEW AVE BOISE ID 83704			
			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	ERIC A HOIDAL	10162 W FAIRVIEW AVE	BOISE	ID	USA	83704
5. Organized Under the Laws of: ID W 160792		6. Annual Report must be signed.* Signature: John E Hisel Jr DDS Name (type or print): John E Hisel Jr DDS		Date: 12/12/2017 Title: Managing Partner		
Processed 12/12/2017		* Electronically provided signatures are accepted as original signatures.				