No. **W 175456**	**Due no later than Dec 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.** SUMMIT DENTAL CARE PAUL, PLLC KYLE CHRISTENSEN PO BOX 549 PAUL ID 83347	KYLE CHRISTENSEN 207 W ELLIS ST PAUL ID 83347-8334 3. New 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	KYLE B CHRISTENSEN	PO BOX	PAUL	ID		83347

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 175456**	Signature: Kyle Bart Christensen	Date: 11/14/2017
	Name (type or print): Kyle Bart Christensen	Title: President

Processed 11/14/2017

* Electronically provided signatures are accepted as original signatures.