

No. W 85059		Due no later than Jun 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		1. Mailing Address: Correct in this box if needed. PONDERAY DENTAL, PLLC KIRSTEN DAVIDSON 950 SHINGLE MILL RD SANDPOINT ID 83864		KIRK DAVIDSON 950 SHINGLE MILL RD SANDPOINT ID 83864			
NO FILING FEE IF RECEIVED BY DUE DATE				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	
MANAGER	KIRSTEN DAVIDSON	950 SHINGLE MILL RD	SANDPOINT	ID	USA	83864	
MEMBER	KIRK D DAVIDSON	950 SHINGLE MILL RD	SANDPOINT	ID	USA	83864	
5. Organized Under the Laws of: ID W 85059		6. Annual Report must be signed.* Signature: Kirsten Davidson Name (type or print): Kirsten Davidson					
		Date: 04/26/2017 Title: Manager					
Processed 04/26/2017		* Electronically provided signatures are accepted as original signatures.					