

No. W 138828		Due no later than Jun 30, 2018		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. PEAK DENTAL LLC PEAK DENTAL 321 GRANGEVILLE TRUCK ROUTE GRANGEVILLE ID 83530		CALVIN HOGG 111 SOUTH MILL ST GRANGEVILLE ID 83530	
				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	TYLER HARRINGTON	321 GRANGEVILLE TRUCK RTE	GRANGEVILLE	ID	USA 83530
5. Organized Under the Laws of: ID W 138828		6. Annual Report must be signed.* Signature: Tyler Harrington Name (type or print): Tyler Harrington Date: 05/01/2018 Title: Manager			
Processed 05/01/2018		* Electronically provided signatures are accepted as original signatures.			