

No. <b>W 97260</b>		<b>Due no later than Oct 31, 2018</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  7 DAY DENTAL SMILES, PLLC RHEANNA BURNHAM 105 E 10TH AVE POST FALLS ID 83854		RHEANNA BURNHAM 105 E 10TH AVE POST FALLS ID 83854			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MANAGER	Name CRIS BURNHAM	Street or PO Address 6615 E DEWEY DRIVE		City COEUR D'ALENE	State ID	Country USA	Postal Code 83814
5. Organized Under the Laws of:  <b>ID</b> <b>W 97260</b>		6. Annual Report must be signed.*  Signature: Cris Burnham Name (type or print): Cris Burnham  Date: 08/20/2018 Title: Manager					
Processed 08/20/2018 * Electronically provided signatures are accepted as original signatures.							