

No. W 97260		Due no later than Oct 31, 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. 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	
				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	CRIS BURNHAM	6615 E DEWEY DRIVE	COEUR D'ALENE	ID	USA 83814
5. Organized Under the Laws of:		6. Annual Report must be signed.*			
ID W 97260		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.			