No. **W 51423**	**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 **NO FILING FEE IF RECEIVED BY DUE DATE**	**1. Mailing Address: Correct in this box if needed.** DENTAL RAT, LLC REBECCA L LOGUE 404 E PINE AVE MERIDIAN ID 83642	REBECCA L LOGUE 1316 N. MANSHIP PL MERIDIAN ID 83642 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
MANAGER	REBECCA L LOGUE	1316 N. MANSHIP PL	MERIDIAN	ID		83642

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 51423**	Signature: Rebecca Logue	Date: 06/13/2017
	Name (type or print): Rebecca Logue	Title: Manager

Processed 06/13/2017

* Electronically provided signatures are accepted as original signatures.