

No. W 17099	Due no later than Nov 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. MERIDIAN DENTAL, PLLC MICHAEL M CAMMANN 780 W CHERRY LN MERIDIAN ID 83642	MICHAEL M CAMMANN DMD 780 W CHERRY LN MERIDIAN ID 83642	
		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	MICHAEL M CAMMANN DMD PA	780 W CHERRY LN	MERIDIAN ID 83642
MANAGER	JOHN W CAMMANN DMD PA	780 W CHERRY LN	MERIDIAN ID 83642
MANAGER	JEFFREY C LANEY DDS PA	780 W CHERRY LN	MERIDIAN ID 83642
MANAGER	ANDREW A REED DDS PA	780 W CHERRY LN	MERIDIAN ID 83642
5. Organized Under the Laws of: ID W 17099	6. Annual Report must be signed.* Signature: Michael M. Cammann Name (type or print): Michael M. Cammann		Date: 11/17/2017 Title: manager
Processed 11/17/2017		* Electronically provided signatures are accepted as original signatures.	