| No. W 107464 Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | | Due no later than Oct 31, 2017 Annual Report Form | | | Registered Agent and Address (NO PO BOX) DR PAIGE B LANDERS | | | | |
|--|---|---|------------------------------------|---|---|-------|---------|-------------|--|
| | | 1. Mailing Address: Correct in this box if needed. PAIGE B. LANDERS DDS PLLC DR PAIGE B LANDERS 5767 N DAVENPORT ST DALTON GARDENS ID 83815 | | _ | 5767 N DAVENPORT ST DALTON GARDENS ID 83815-8381 3. New Registered Agent Signature:* | | | | |
| | | | | | | | | | |
| 4. Limited Liability Companies: | Enter Nar | mes and Addresses | of at least one Member or Manager. | | | | | | |
| Office Held Nan | ne | | Street or PO Address | | City | State | Country | Postal Code | |
| MEMBER PAIG | PAIGE B LANDERS | | 5767 N. DAVENPORT ST. | | DALTON GARDENS | ID | USA | 83815 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | | |
| ID | | Signature: Paige Landers | | | Date: 09/06/2017 | | | | |
| W 107464 | | Name (type or print): Paige Landers | | | Title: Dr. Paige Landers | | | | |
| Processed 09/06/2017 | * Electronically provided signatures are accepted as original signatures. | | | | | | | | |