No. <b>W 98333</b>		Du	2. Registered A	2. Registered Agent and Address (NO PO BOX)				
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form  1. Mailing Address: Correct in this box if needed.  DENTISTRY 4 CHILDREN, PLLC LAURIE LESTER 3326 4TH STREET SUITE 4 LEWISTON ID 83501-4455		3326 4TH ST LEWISTON 1	JEREMY C WIGGINS DDS 3326 4TH ST SUITE 4 LEWISTON ID 83501-4455  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE  4. Limited Liability Companies: Enter Nar		mes and Addresse	os of at loast one Member or Manager					
	vame	nes and Addresse	Street or PO Address	City	State	Country	Postal Code	
MANAGER JEREMY C V		VIGGINS	3326 4TH STREET SUITE 4	LEWISTON	ID	USA	83501-4455	
5. Organized Under the Laws of:  ID  W 98333		6. Annual Report must be signed.*  Signature: Jeremy C Wiggins  Name (type or print): Jeremy C Wiggins  Title: Owner/Agent						
Processed 11/22/2016		* Electronically provided signatures are accepted as original signatures.						