

No. <b>W 88116</b>		<b>Due no later than Nov 30, 2017</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>		ANDREW B CHRISMAN 704 N 17TH ST BOISE ID 83702			
		<b>1. Mailing Address: Correct in this box if needed.</b>		3. <u>New</u> Registered Agent Signature:*			
		NORTH END DENTAL PLLC ANDREW B CHRISMAN 704 N 17TH ST BOISE ID 83702					
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	
MEMBER	ANDREW B CHRISMAN	1210 N. 17TH ST.	BOISE	ID	USA	83702	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>ID W 88116</b>		Signature: Andrew Chrisman				Date: 09/20/2017	
		Name (type or print): Andrew Chrisman				Title: Owner	
Processed 09/20/2017		* Electronically provided signatures are accepted as original signatures.					