

No. <b>W 127068</b>	<b>Due no later than Jul 31, 2018</b> <b>Annual Report Form</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>1. Mailing Address: Correct in this box if needed.</b> DIAMONDBACK DENTAL LLC. ROB L ERICHSON 1236 N CUMBERLAND CIR BOISE ID 83704		ROBERT L ERICHSON 1236 N CUMBERLAND CIR BOISE ID 83704			
			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	ROB ERICHSON	1236 N. CUMBERLAND CIR.	BOISE	ID	USA	83704
5. Organized Under the Laws of:  <b>ID</b> <b>W 127068</b>	6. Annual Report must be signed.* Signature: Rob Erichson Name (type or print): Rob Erichson		Date: 06/12/2018 Title: Owner/Operator			
Processed 06/12/2018		* Electronically provided signatures are accepted as original signatures.				