No. **W 71020**	**Due no later than Feb 28, 2017**	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**	**Annual Report Form** **1. Mailing Address: Correct in this box if needed.** PAYETTE DENTAL, PLLC DR BARRY JARDINE 1537 2ND AVE S PAYETTE ID 83661	BARRY JARDINE 5278 N COUGAR FLAT CT MERIDIAN ID 83646 3. New 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
MEMBER	DR BARRY JARDINE	5278 N COUGAR FLAT CT	MERIDIAN	ID		83646

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 71020**	Signature: Barry Jardine	Date: 12/28/2016
	Name (type or print): Barry Jardine	Title: owner

Processed 12/28/2016

* Electronically provided signatures are accepted as original signatures.