

No. W 89244		Due no later than Dec 31, 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		1. Mailing Address: Correct in this box if needed. HAYDEN FAMILY DENTAL CENTER, PLLC BENJAMIN D BABCOCK, DDS PO BOX 7 HAYDEN ID 83835-0007		BENJAMIN D BABCOCK 52 W COMMERCE DR HAYDEN ID 83835			
				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	
MEMBER	BENJAMIN D BABCOCK, DDS	PO BOX 7	HAYDEN	ID	USA	83835-0007	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 89244		Signature: Benjamin Babcock DDS				Date: 12/18/2017	
		Name (type or print): Benjamin Babcock DDS				Title: Dentist	
Processed 12/18/2017		* Electronically provided signatures are accepted as original signatures.					