No. W 117860	Due no later than Oct 31, 2018		2. Registered Agent and Address (NO PO BOX)			
Return to:	Annual Report Form		C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705			
SECRETARY OF STATE	1. Mailing Address: Correct in this box if needed. DENTISTRY FOR KIDS POCATELLO PLLC 625 E ALAMEDA RD. POCATELLO ID 83201 USA					
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080						
			3. <u>New</u> Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE						
4. Limited Liability Companies: Enter Na	mes and Addresses of at least one Member or M	anager.				
Office Held Name	Street or PO Address		City	State	Country	Postal Code
MEMBER ROBERT MO	CWHORTER 625 E ALAMEDA RD.		POCATELLO	ID	USA	83201
5. Organized Under the Laws of:	6. Annual Report must be signed.*					
ID	Signature: Kelly Lettmann		Date: 08/24/2018			
W 117860 Name (type or print): Kelly Lett			Title: Power of Attorney			
* Electronically provided signatures are accepted as original signatures.						