

No. W 95554		Due no later than Aug 31, 2017 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. ALLIGATOR PEDIATRIC DENTISTRY, PLLC RANDY G SMITH 3365 S HOLMES AVE IDAHO FALLS ID 83404		RANDY G SMITH 3365 S HOLMES AVE IDAHO FALLS ID 83404			
NO FILING FEE IF RECEIVED BY DUE DATE				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	MARK W MARLOWE	2326 PTARMIGAN WAY	IDAHO FALLS	ID	USA	83401	
MEMBER	RANDY G SMITH	5000 S. 9 E.	IDAHO FALLS	ID	USA	83404	
5. Organized Under the Laws of: ID W 95554		6. Annual Report must be signed.* Signature: Randy Smith Name (type or print): Randy Smith Date: 06/28/2017 Title: Member					
Processed 06/28/2017 * Electronically provided signatures are accepted as original signatures.							