

No. W 186842	Due no later than Aug 31, 2018 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 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. GARVER-SCOTT-JOHNSON PROPERTIES, LLC JOHN J JOHNSON DDS 409 21ST AVENUE LEWISTON ID 83501		JOHN JOSEPH JOHNSON DDS 409 21ST AVENUE LEWISTON ID 83501-8350			
			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	JOHN J JOHNSON	409 21ST AVENUE	LEWISTON	ID	USA	83501
5. Organized Under the Laws of: ID W 186842	6. Annual Report must be signed.* Signature: JOHN J JOHNSON DDS Name (type or print): JOHN J JOHNSON DDS		Date: 06/19/2018 Title: Registered Agent			
Processed 06/19/2018		* Electronically provided signatures are accepted as original signatures.				