

No. <b>W 77404</b>	<b>Due no later than Sep 30, 2016</b> <b>Annual Report Form</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF          RECEIVED BY DUE DATE</b>	<b>1. Mailing Address: Correct in this box if needed.</b>  AVONDALE DENTAL CENTER LLC AVONDALE DENTAL 1683 E MILES AVE HAYDEN ID 83835		KORY J WILSON DDS 1683 E MILES AVE 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	KORY J WILSON	1683 E. MILES AVE	HAYDEN LAKE	ID	USA	83835
5. Organized Under the Laws of:  <b>ID</b> <b>W 77404</b>		6. Annual Report must be signed.* Signature: Kory J Wilson Name (type or print): Kory J Wilson		Date: 08/06/2016 Title: Owner		
Processed 08/06/2016		* Electronically provided signatures are accepted as original signatures.				