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| No. W 71020 | Due no later than Feb 28, 2015 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. | | BARRY JARDINE 2565 W BELLAGIO DR MERIDIAN 83646 | | | |
| | PAYETTE DENTAL, PLLC DR BARRY JARDINE 1537 2ND AVE S PAYETTE ID 83661 | | 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 | DR BARRY JARDINE | 2565 W BELLAGIO DR | MERIDIAN | ID | | 83646 |
| 5. Organized Under the Laws of: ID W 71020 | | 6. Annual Report must be signed.* Signature: Barry Jardine Name (type or print): Barry Jardine Date: 12/18/2014 Title: owner | | | | |
| Processed 12/18/2014 | | * Electronically provided signatures are accepted as original signatures. | | | | |