

No. W 135254		Due no later than Mar 31, 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		1. Mailing Address: Correct in this box if needed. IDAHO DYSPHAGIA SPECIALISTS, PLLC 1775 W STATE ST #248 BOISE ID 83702		ANNE LEAF 1219 N 21ST ST BOISE 83702			
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 MEMBER	Name ANNE LEAF	Street or PO Address 1219 N 21ST ST		City BOISE	State ID	Country USA	Postal Code 83702
5. Organized Under the Laws of: ID W 135254		6. Annual Report must be signed.* Signature: Vicki Kirby Name (type or print): Vicki Kirby Date: 02/12/2015 Title: CPA					
Processed 02/12/2015 * Electronically provided signatures are accepted as original signatures.							