| No. W 3378 | | Due no later than Jan 31, 2015 | 2. Registered Ag | Registered Agent and Address (NO PO BOX) TODD R SCHINI | | | |
|--|-----------|---|------------------|---|---------|-------------|--|
| Return to: | | Annual Report Form | | | | | |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | 1. Mailing Address: Correct in this box if needed. TODD R. SCHINI, D.M.D., PLLC TODD R SCHINI 2000 NW BLVD STE 100 COEUR D'ALENE ID 83814 | COEUR D'ALE | 2000 NW BLVD STE 100 COEUR D'ALENE 83814 3. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | mes and Addresses of at least one Member or Manager. | | | | | |
| Office Held | Name | Street or PO Address | City | State | Country | Postal Code | |
| MEMBER | TODD R SC | | POST FALLS | ID | Country | 83854 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | |
| ID | | Signature: Todd r schini | | Date: 11/23/2014 | | | |
| W 3378 | | Name (type or print): Todd r schini | | Title: Owner | | | |
| Processed 11/23/2014 * Electronically provided signatures are accepted as original signatures. | | | | | | | |