No. <b>W 132142</b>	Due no later than Jan 31, 2016		2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	Annual Report Form  1. Mailing Address: Correct in this box if needed.  STEPHENIE D. DICKIE, DDS, PLLC STEPHENIE D DICKIE 4111 E TIMBERSAW DR BOISE ID 83716		4111 E TIM BOISE ID	STEPHENIE D DICKIE 4111 E TIMBERSAW DR BOISE ID 83716  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE  4. Limited Liability Companies: Enter Na	mas and Address	os of at least one Member or Manager					
Office Held Name	iries and Address	Street or PO Address	City	State	Country	Postal Code	
MEMBER STEPHENIE	D DICKIE	4111 E TIMBERSAW DR	BOISE	ID	USA	83716	
5. Organized Under the Laws of:	6. Annual Repor	t must be signed.*					
ID	Signature: St	tephenie D Dickie		Date: 01/04/2016			
W 132142	Name (type o	or print): Sttephenie D Dickie		Title: DDS			
Processed 01/04/2016	* Electronically provided signatures are accepted as original signatures.						