

No. W 22074		Due no later than Dec 31, 2015		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		Annual Report Form		ANDREW B CHRISMAN 704 N 17TH ST BOISE ID 83702	
		1. Mailing Address: Correct in this box if needed. ANDREW B. CHRISMAN, D.D.S., PLLC ANDREW B CHRISMAN 704 N 17TH ST BOISE ID 83702		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	ANDREW B CHRISMAN DDS	704 N 17TH ST	BOISE	ID	83702
5. Organized Under the Laws of: ID W 22074		6. Annual Report must be signed.* Signature: Andrew Chrisman Name (type or print): Andrew Chrisman Date: 10/15/2015 Title: Owner			
Processed 10/15/2015		* Electronically provided signatures are accepted as original signatures.			