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| No. W 22074 | | Due no later than Dec 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. ANDREW B. CHRISMAN, D.D.S., PLLC ANDREW B CHRISMAN 704 N 17TH ST BOISE ID 83702 | | ANDREW B CHRISMAN 704 N 17TH ST BOISE ID 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 ANDREW B CHRISMAN DDS | Street or PO Address 704 N 17TH ST | City BOISE | State ID | Country | Postal Code 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. | | | | | | |