

FILED EFFECTIVE

No. W 77696	FILED EFFECTIVE Reinstatement Annual Report Form ADMIN DISSOLVED 12/04/2012		2. Registered Agent and Office (NOT A P.O. BOX) KENNETH J BEVAN DDS 1683 E MILES AVE <i>802 N. Lincoln St</i> HAYDEN ID 83835 <i>Post Falls Id. 83854</i>																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. BEVAN D.D.S., LLC KENNETH J BEVAN DDS 1683 E MILES AVE <i>802 N. Lincoln St.</i> HAYDEN ID 83835 <i>Post Falls Id. 83854</i>																																					
3. <u>New</u> Registered Agent Signature.																																						
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table border="1"> <thead> <tr> <th>Manager or Member</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Kenneth Bevan</td> <td>802 N. Lincoln St.</td> <td>Post Falls, ID</td> <td>US</td> <td></td> <td>83854</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Kenneth Bevan	802 N. Lincoln St.	Post Falls, ID	US		83854	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of: IDAHO W 77696	6. Signature: <i>[Signature]</i> Name (type or print): <u>Kenneth J Bevan</u>			Date: <u>7/25/2014</u> Title: <u>President</u>																																		

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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected address **must** be inside Block 1.

Block 2: To change the registered agent or office, strike the incorrect information and write in the correct information. **Note:** The office of the registered agent must be at a street address in Idaho, **not a Post Office Box or Personal Mail Box.**