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|--|-------------|---|-------|--|---------|------------------|--|
| No. W 139023 | | Due no later than Jun 30, 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 | | 1. Mailing Address: Correct in this box if needed. RYAN W. JUDD DMD, PLLC RYAN JUDD 6373 N HEATHROW CT BOISE ID 83713 USA | | RYAN W JUDD 6373 N HEATHROW CT BOISE 83713 | | | |
| | | | | 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 | |
| MANAGER | RYAN W JUDD | 6373 N HEATHROW CT | BOISE | ID | USA | 83713 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | |
| ID W 139023 | | Signature: RYAN JUDD | | | | Date: 04/17/2015 | |
| | | Name (type or print): RYAN JUDD | | | | Title: OWNER | |
| Processed 04/17/2015 | | * Electronically provided signatures are accepted as original signatures. | | | | | |