No. <b>W 36723</b>		Due no later than Feb 29, 2016		2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		AND THE RESERVE AND THE PARTY OF THE PARTY O	WYNN MOSMAN ATTY			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  J. CLAYTON HANSEN, D.D.S. PLLC LAURIE VEIEN 1526 LEVICK ST MOSCOW ID 83843		MOSCOW II	803 S JEFFERSON STE 4 MOSCOW ID 83843  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compa	ınies: Enter Naı	mes and Addresses of	at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER	JAY CLAYTO	N HANSEN, DDS	741 VICTORIA DRIVE	MOSCOW	ID	USA	83843	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: J Clayton Hansen		D	Date: 03/29/2016			
W 36723		Name (type or print): J Clayton Hansen		Т	Title: Owner / Dentist			
Processed 03/29/2016 * Electronically provided signatures are accepted as original signatures.								