

No. W 120220		Due no later than Dec 31, 2014		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 1. Mailing Address: Correct in this box if needed. MIKE CADY, DMD, PLLC MIKE CADY DMD, PLLC 1246 YELLOWSTONE AVE STE B3 POCATELLO ID 83201		MIKE CADY 1246 YELLOWSTONE AVE STE B3 POCATELLO 83201			
				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	KELLY CURRAN	1246 YELLOWSTONE AVE STE B3	POCATELLO	ID	USA	83201	
5. Organized Under the Laws of: ID W 120220		6. Annual Report must be signed.* Signature: KELLY CURRAN Name (type or print): KELLY CURRAN Date: 11/05/2014 Title: MANAGER					
Processed 11/05/2014		* Electronically provided signatures are accepted as original signatures.					