

No. W 115847		Due no later than Jul 31, 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		Annual Report Form 1. Mailing Address: Correct in this box if needed. M1AJ DENTS LLC JARED SWOPE 4350 JORDYN STREET Unit A CHUBBUCK ID 83202 USA		JARED C SWOPE 4350 JORDYN STREET Unit A CHUBBUCK ID 83202-8320			
				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	JARED SWOPE	4350 JORDYN STREET UNIT A	CHUBBUCK	ID	USA	83202	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 115847		Signature: Jared Swope				Date: 05/26/2015	
		Name (type or print): Jared Swope				Title: Manager	
Processed 05/26/2015		* Electronically provided signatures are accepted as original signatures.					