

No. <b>W 109855</b>	<b>Due no later than Jan 31, 2016</b> <b>Annual Report Form</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>1. Mailing Address: Correct in this box if needed.</b> TOM DAVIES, D.D.S., PLLC TOM DAVIES 3688 WRENCO LP RD SANDPOINT ID 83864		TOM DAVIES 3688 WRENCO LP RD SANDPOINT ID 83864			
			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
MEMBER	LISA D DAVIES	3688 WRENCO LOOP ROAD	SANDPOINT	ID	USA	83864
5. Organized Under the Laws of:  <b>ID</b> <b>W 109855</b>		6. Annual Report must be signed.* Signature: Tom Davies Name (type or print): Tom Davies		Date: 11/23/2015 Title: Manager		
Processed 11/23/2015		* Electronically provided signatures are accepted as original signatures.				