No. W 36723	Due no later than Feb 28, 2015		2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to:	Annual Report Form		WYNN MOSN				
SECRETARY OF STATE	1. Mailing Address: Correct in this box if needed.		1000000000 100000000000000000000000000	803 S JEFFERSON STE 4 MOSCOW 83843			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	J. CLAYTON HANSEN, D.D.S. PLLC LAURIE VEIEN 1526 LEVICK ST		MOSCOW				
	MOSCOW ID 83843		3. New Registe	3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE	USA						
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 JAY CLAYTO	N HANSEN, DDS	741 VICTORIA DRIVE	MOSCOW	ID	USA	83843	
5. Organized Under the Laws of:	6. Annual Report must						
ID	ID Signature: J CLAYTON HANSEN			Date: 12/17/2014			
W 36723	Name (type or print): J CLAYTON HANSEN			Title: OWNER			
Processed 12/17/2014	* Electronically provided signatures are accepted as original signatures.						