

No. W 126304		Due no later than Jun 30, 2015 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. BRADFORD B. FISHER DENTISTRY, PLLC BRADFORD B FISHER 207 7TH AVE S NAMPA ID 83651-3846 USA		BRADFORD FISHER 4272 W KING RD KUNA ID 83634			
NO FILING FEE IF RECEIVED BY DUE DATE				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	LINDA K FISHER	4272 W KING RD	KUNA	ID	USA	83634	
MEMBER	BRADFORD B FISHER	4272 W KING RD	KUNA	ID	USA	83634	
5. Organized Under the Laws of: ID W 126304		6. Annual Report must be signed.* Signature: Bradford B Fisher Name (type or print): Bradford B Fisher					
		Date: 05/06/2015 Title: Member					
Processed 05/06/2015		* Electronically provided signatures are accepted as original signatures.					