

|  |                  |  |  |  |       |         |             |
|--|------------------|--|--|--|-------|---------|-------------|
| No. <b>W 85059</b>   |                  | <b>Due no later than Jun 30, 2014</b><br><b>Annual Report Form</b>   |  | 2. Registered Agent and Address ( <b>NO PO BOX</b> )       |       |         |             |
| Return to:<br><br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080 |                  | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>PONDERAY DENTAL, PLLC<br>KIRSTEN DAVIDSON<br>131 PONDER POINT DR<br>SANDPOINT ID 83864<br>USA             |  | KIRK DAVIDSON<br>131 PONDER POINT DR<br>SANDPOINT ID 83864 |       |         |             |
| <b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b>   |                  |  |  | 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  | KIRSTEN DAVIDSON | 131 PONDER POINT DRIVE   |  | SANDPOINT  | ID    | USA     | 83864       |
| MEMBER   | KIRK D DAVIDSON  | 131 PONDER POINT DRIVE   |  | SANDPOINT  | ID    | USA     | 83864       |
| 5. Organized Under the Laws of:<br><br><b>ID</b><br><b>W 85059</b>                                 |                  | 6. Annual Report must be signed.*<br><br>Signature: Kirsten Davidson<br>Name (type or print): Kirsten Davidson<br>Date: 07/22/2014<br>Title: Manager, Ponderay Dental Pllc |  |  |       |         |             |
| Processed 07/22/2014 * Electronically provided signatures are accepted as original signatures.     |                  |  |  |  |       |         |             |