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| No. W 80437 | | Due no later than Jan 31, 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. KRISTIN L. FENWICK, DDS, PLLC KRISTIN L. FENWICK 6657 N GLENWOOD ST BOISE ID 83714-1925 | | KRISTIN L FENWICK 6657 N GLENWOOD ST BOISE 83714-1925 | | | |
| 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 MANAGER | Name KRISTIN L. FENWICK | Street or PO Address 6657 N. GLENWOOD ST | | City BOISE | State ID | Country USA | Postal Code 83714-1925 |
| 5. Organized Under the Laws of: ID W 80437 | | 6. Annual Report must be signed.* Signature: Kristin Le Fenwick Name (type or print): Kristin Le Fenwick Date: 11/19/2014 Title: dentist/owner | | | | | |
| Processed 11/19/2014 * Electronically provided signatures are accepted as original signatures. | | | | | | | |