

No. <b>W 80437</b>		<b>Due no later than Jan 31, 2015</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>Annual Report Form</b>		KRISTIN L FENWICK 6657 N GLENWOOD ST BOISE ID 83714-1925			
		<b>1. Mailing Address: Correct in this box if needed.</b>		3. <u>New</u> Registered Agent Signature:*			
		KRISTIN L. FENWICK, DDS, PLLC KRISTIN L. FENWICK 6657 N GLENWOOD ST BOISE ID 83714-1925					
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	KRISTIN L. FENWICK	6657 N. GLENWOOD ST	BOISE	ID	USA	83714-1925	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>ID W 80437</b>		Signature: Kristin Le Fenwick			Date: 11/19/2014		
		Name (type or print): Kristin Le Fenwick			Title: dentist/owner		
Processed 11/19/2014		* Electronically provided signatures are accepted as original signatures.					