

No. W 38985		Due no later than May 31, 2014 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 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed. KENT B. SIMMONS D.D.S., PLLC KENT B SIMMONS 3318 4TH STREET LEWISTON ID 83501 USA		CADE KONEN 315 S ALMON MOSCOW ID 83843			
				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	KENT B SIMMONS	7028 COUGAR RIDGE DRIVE	LEWISTON	ID	USA	83501	
5. Organized Under the Laws of: ID W 38985		6. Annual Report must be signed.* Signature: Kent Simmons Name (type or print): Kent Simmons Date: 04/28/2014 Title: Manager					
Processed 04/28/2014		* Electronically provided signatures are accepted as original signatures.					