

No. W 6622		Due no later than Jul 31, 2016		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. LINEBERRY ORTHODONTICS, PLLC LAURA K LINEBERRY 13059 W PERSIMMON LN BOISE ID 83713		LAURA K LINEBERRY 13059 W PERSIMMON LN BOISE ID 83713	
				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	LAURA K LINEBERRY	3040 N FIVE MILE RD	BOISE	ID	83704
5. Organized Under the Laws of: ID W 6622		6. Annual Report must be signed.* Signature: david phillips Name (type or print): david phillips Date: 05/24/2016 Title: manager			
Processed 05/24/2016		* Electronically provided signatures are accepted as original signatures.			