No. W 127638		Due no later than Jul 31, 2015		2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		JUSTIN D WARD DMD MSD 213 E 222 S BURLEY ID 83318 3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. JUSTIN D. WARD, D.M.D., M.S.D., PLLC JUSTIN WARD 213 E 222 S BURLEY ID 83318					
NO FILING FEE IF RECEIVED BY DUE DATE		USA					
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 JUSTIN D W		/ARD 213 EAST 222 SOUTH	1	BURLEY	ID	USA	83318
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID		Signature: Justin Ward	Date: 05/27/2015				
W 127638		Name (type or print): Justin Ward		Title: Owner			
Processed 05/27/2015 * Electronically provided signatures are accepted as original signatures.							