

No. W 134398		Due no later than Feb 29, 2016 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. GRIFFITTS FACIAL AND ORAL SURGERY, PLLC TREVOR M GRIFFITTS 511 W HANLEY AVE STE C COEUR D ALENE ID 83815 USA		JEFFERY J CRANDALL 8596 N WAYNE DR STE A HAYDEN ID 83835			
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 LESLEY D WOOD	Street or PO Address 511 WEST HANLEY SUITE C		City COEUR D'ALENE	State ID	Country USA	Postal Code 83815
5. Organized Under the Laws of: ID W 134398		6. Annual Report must be signed.* Signature: LESLEY WOOD Name (type or print): LESLEY WOOD Date: 01/13/2016 Title: OFFICE MANAGER					
Processed 01/13/2016 * Electronically provided signatures are accepted as original signatures.							