

No. W 134398		Due no later than Feb 29, 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. 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	
				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	LESLEY D WOOD	511 WEST HANLEY SUITE C	COEUR D'ALENE	ID	USA 83815
5. Organized Under the Laws of: ID W 134398		6. Annual Report must be signed.* Signature: LESLEY WOOD Date: 01/13/2016 Name (type or print): LESLEY WOOD Title: OFFICE MANAGER			
Processed 01/13/2016		* Electronically provided signatures are accepted as original signatures.			