

No. <b>W 3378</b>		<b>Due no later than Jan 31, 2017</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  TODD R. SCHINI, D.M.D., PLLC TODD R SCHINI 2000 NW BLVD STE 100 COEUR D'ALENE ID 83814		TODD R SCHINI 2000 NW BLVD STE 100 COEUR D'ALENE ID 83814			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MEMBER	Name TODD R SCHINI	Street or PO Address 6453 E OCTAVIA CT		City POST FALLS	State ID	Country	Postal Code 83854
5. Organized Under the Laws of:  <b>ID</b> <b>W 3378</b>		6. Annual Report must be signed.*  Signature: Todd R Schini Name (type or print): Todd R Schini  Date: 12/01/2016 Title: owner					
Processed 12/01/2016 * Electronically provided signatures are accepted as original signatures.							