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| No. W 3378 | | Due no later than Jan 31, 2017 | | 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. 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 | |
| | | | | 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 |
| MEMBER | TODD R SCHINI | 6453 E OCTAVIA CT | POST FALLS | ID | 83854 |
| 5. Organized Under the Laws of: ID W 3378 | | 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. | | | |