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| No. W 60778 | | Due no later than Mar 31, 2015 | | 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. DOCTORS GARRARD AND WAYMENT, DENTISTS, PLLC. JOHN R GARRARD PO BOX 338 RUPERT ID 83350 USA | | DR JOHN R GARRARD 301 SCOTT AVE, STE #3 RUPERT 83350 | |
| | | | | 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 | DR JOHN R GARRARD | 508 RIVERSIDE DR | BURLEY | ID | 83318 |
| MEMBER | DR ROBBIE R WAYMENT | 265 NORTH 125 WEST | RUPERT | ID | 83350 |
| 5. Organized Under the Laws of: ID W 60778 | | 6. Annual Report must be signed.* Signature: John R. Garrard Name (type or print): John R. Garrard Date: 01/20/2015 Title: Owner | | | |
| Processed 01/20/2015 | | * Electronically provided signatures are accepted as original signatures. | | | |