No. **W 23499**	**Due no later than Apr 30, 2014** **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 **NO FILING FEE IF RECEIVED BY DUE DATE**	**1. Mailing Address: Correct in this box if needed.** CHERILEE C. BLOOM, D.D.S., P.L.L.C. PAUL W DAUGHARTY 110 E WALLCE AVE COEUR D'ALENE ID 83814	PAUL W DAUGHARTY ESQ 110 E WALLCE AVE COEUR D'ALENE ID 83814 3. New 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	CHERILEE C BLOOM DDS	815 W. CANFIELD	COEUR D'ALENE	ID	USA	83815

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 23499**	Signature: Paul W. Daugharty	Date: 02/10/2014
	Name (type or print): Paul W. Daugharty	Title: Registered Agent

Processed 02/10/2014

* Electronically provided signatures are accepted as original signatures.