No. W 26023		D	ue no later than Sep 30, 2014	2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. JENKINS, POOL & MANSFIELD, LLC KELLY B MANSFIELD 109 12TH AVE RD NAMPA ID 83686		109 12TH AV NAMPA ID	RUSSELL C POOL 109 12TH AVE RD NAMPA ID 83686 3. New Registered Agent Signature:*			
RECEIVED BY DUE	E DATE	mes and Address	ses of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER MEMBER MEMBER	KELLY B MANSFIELD RUSSELL C POOL KIRK L JENKINS		7500 E LEWIS LN 633 FLETCHER DR 2769 S NOVA LN	NAMPA NAMPA MERIDIAN	ID ID ID	USA USA	83686 83686 83642	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 26023		Signature: Kelly Mansfield, DDS Name (type or print): Kelly Mansfield, DDS		Date: 09/26/2014 Title: LLC Member				
Processed 09/26/2014	* Electronically provided signatures are accepted as original signatures.							