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|---|-----------------------|---|--|--|-------------|----------------|----------------------|
| No. W 79965 | | Due no later than Dec 31, 2013 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 | | 1. Mailing Address: Correct in this box if needed. WILSON, D.D.S., L.L.C. KORY J WILSON 1683 E MILES AVE HAYDEN LAKE ID 83835 USA | | KORY J WILSON D.D.S. 1683 E MILES AVE HAYDEN LAKE ID 83835 | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | 3. <u>New</u> Registered Agent Signature:* | | | |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager. | | | | | | | |
| Office Held MANAGER | Name KORY J WILSON | Street or PO Address 1683 E. MILES AVE | | City HAYDEN LAKE | State ID | Country USA | Postal Code 83835 |
| 5. Organized Under the Laws of: ID W 79965 | | 6. Annual Report must be signed.* Signature: Kory J Wilson Name (type or print): Kory J Wilson Date: 10/21/2013 Title: Owner | | | | | |
| Processed 10/21/2013 * Electronically provided signatures are accepted as original signatures. | | | | | | | |