

No. W 25118		Due no later than Jul 31, 2014		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. D. PORTER SUTTON, DMD, PLLC DAVID P. SUTTON 1585 KATES WAY POCA TELLO ID 83204 USA		D PORTER SUTTON 1585 KATES WAY POCA TELLO ID 83204			
				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	D PORTER SUTTON	2090 W ARIMO RD	ARIMO	ID	USA	83214	
5. Organized Under the Laws of: ID W 25118		6. Annual Report must be signed.* Signature: David P Sutton DMD Name (type or print): David P Sutton DMD				Date: 08/26/2014 Title: Owner	
Processed 08/26/2014		* Electronically provided signatures are accepted as original signatures.					