

No. <b>W 119574</b>		<b>Due no later than Dec 31, 2014</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  KYLE J. EWERT, DDS, PLLC KYLE EWERT 307 S 8TH ST ST MARIES ID 83861		UNITED STATES CORPORATION AGEN 950 BANNOCK ST STE 1100 BOISE 83702			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MEMBER	Name KYLE EWERT	Street or PO Address 245 GREENSTONE DR.		City ST. MARIES	State ID	Country USA	Postal Code 83861
5. Organized Under the Laws of:  <b>ID</b> <b>W 119574</b>		6. Annual Report must be signed.*  Signature: Kyle Ewert Name (type or print): Kyle Ewert  Date: 10/15/2014 Title: Owner					
Processed 10/15/2014 * Electronically provided signatures are accepted as original signatures.							