

No. W 143925	Due no later than Nov 30, 2015 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. DAVIDSON FAMILY DENTAL PLLC KIRK DAVIDSON 509 W HANLEY AVE STE 201 COEUR D ALENE ID 83815	KIRK DAVIDSON 509 W HANLEY AVE STE 201 COEUR D ALENE ID 83815				
		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	KIRK DAVIDSON	509 W HANLEY AVE STE 201	COEUR D ALENE	ID	USA	83815
5. Organized Under the Laws of: ID W 143925	6. Annual Report must be signed.* Signature: Christie Barker Name (type or print): Christie Barker Date: 10/07/2015 Title: Office Manager					
Processed 10/07/2015		* Electronically provided signatures are accepted as original signatures.				