No. W 65478		Due no later than Aug 31, 2014		2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		ZACH HAWS DDS 694 S IRON SPRINGS AVE KUNA ID 83634			
SECRETARY OF STATE	1. Mailing	1. Mailing Address: Correct in this box if needed.					
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	ZACH HAW	SWAN FALLS FAMILY DENTISTRY PLLC ZACH HAWS 1621 N. LINDER RD KUNA ID 83634 USA		אכטכס עז אינטא			
	KUNA ID 8			3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE	USA						
4. Limited Liability Companies: Enter	Names and Addres	ses of at least one Member or Manager.					
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
	AWS DDS	694 S IRON SPRINGS AVE	KUNA	ID	USA	83634	
MEMBER ANNELIE	SE T HAWS	1621 N. LINDER RD.	KUNA	ID	USA	83634	
5. Organized Under the Laws of:	6. Annual Rep	6. Annual Report must be signed.*					
ID ID	Signature: 2	Signature: Zach Haws		Date: 06/09/2014			
W 65478	Name (type	or print): Zach Haws		Title: Member			
Processed 06/09/2014	* Electronically	* Electronically provided signatures are accepted as original signatures.					