No. <b>W 11399</b>		Due no later than Mar 31, 2015		2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			KENT J ALLEN, DDS			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  ALLEN & WIDMIER, L.L.C.  KENT J. ALLEN PO BOX B  KIMBERLY ID 83341		KIMBERLY	702 CENTER STREET WEST KIMBERLY 83341  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE		USA						
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	
MANAGER KENT J ALLEN DDS		EN DDS	702 CENTER STREET WEST	KIMBERLY	ID	USA	83341	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Kent Allen		ļ	Date: 01/26/2015			
W 11399		Name (type or print): Kent Allen		Title: Manager				
Processed 01/26/2015 * Electronically provided signatures are accepted as original signatures.								