No. <b>W 128569</b>		Due no later than Aug 31, 2015			2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		KEVIN MUDROW, DDS				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  KEVIN MUDROW, DDS, PLLC  KEVIN MUDROW, DDS  333 S WOODRUFF AVE  IDAHO FALLS ID 83401			333 S WOODRUFF AVE IDAHO FALLS ID 83401  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compa	anies: Enter Nai	mes and Address	ses of at least one Member or Manager.					
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
MANAGER KEVIN MUDR		ROW	3685 AUTUMNWOOD DR		AMMON	ID	USA	83406
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Kevin Mudrow dds, pllc			Date: 06/27/2015			
W 128569		Name (type or print): Kevin Mudrow dds, pllc			Title: Owner Dentist			
Processed 06/27/2015 * Electronically provided signatures are accepted as original signatures.								