

No. W 77089	Due no later than Aug 31, 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. DANIEL S. MALAN, D.M.D., PLLC DANIEL S MALAN 2584 S GOSHEN WAY BOISE ID 83709	DANIEL S MALAN 2584 S GOSHEN WAY BOISE ID 83709	
		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	DANIEL S. MALAN	2584 S. GOSHEN WAY	BOISE ID USA 83709-8573
5. Organized Under the Laws of: ID W 77089	6. Annual Report must be signed.* Signature: Daniel S Malan Name (type or print): Daniel S Malan		Date: 08/12/2015 Title: Owner
Processed 08/12/2015		* Electronically provided signatures are accepted as original signatures.	