

No. W 136614		Due no later than Apr 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		1. Mailing Address: Correct in this box if needed. IDEAL FAMILY DENTISTRY, PLLC JOHN COBURN DMD 700 W. IRONWOOD DR STE 241 COEUR D ALENE ID 83814		JOHN COBURN DMD 700 W. IRONWOOD DR STE 241 COEUR D ALENE ID 83814-8381			
NO FILING FEE IF RECEIVED BY DUE DATE				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	JOHN DAVID COBURN	6863 N VALLEY ST	DALTON GARDENS	ID	USA	83815	
5. Organized Under the Laws of: ID W 136614		6. Annual Report must be signed.* Signature: John Coburn Name (type or print): John Coburn					
		Date: 05/25/2015 Title: Owner					
Processed 05/25/2015		* Electronically provided signatures are accepted as original signatures.					