No. **W 98333**	**Due no later than Dec 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.** DENTISTRY 4 CHILDREN, PLLC LAURIE LESTER 3326 4TH STREET SUITE 4 LEWISTON ID 83501-4455	JEREMY C WIGGINS DDS 3326 4TH ST SUITE 4 LEWISTON ID 83501-4455 3. New 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
MANAGER	CYNTHIA M WIGGINS	3326 4TH STREET SUITE 4	LEWISTON	ID	USA	83501-4455

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 98333**	Signature: Laurie Lester Name (type or print): Laurie Lester	Date: 10/15/2015 Title: Office Manager
Processed 10/15/2015	* Electronically provided signatures are accepted as original signatures.	