

No. W 40662		Due no later than Jun 30, 2015		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. TIMOTHY L. GATTEN, D.D.S., M.S.D., P.L.L.C. TIMOTHY L GATTEN PO BOX 3467 POST FALLS ID 83877-3467		TIMOTHY L GATTEN 602 N CALGARY ST STE 301 POST FALLS ID 83854	
				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
MANAGER	TIMOTHY L GATTEN	1602 LADY BUG LANE	HAYDEN	ID	83835
5. Organized Under the Laws of: ID W 40662		6. Annual Report must be signed.* Signature: Timothy Gatten Name (type or print): Timothy Gatten Date: 06/12/2015 Title: Member/manager			
Processed 06/12/2015		* Electronically provided signatures are accepted as original signatures.			