

No. W 125917		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. BIRD FAMILY DENTAL, PLLC JAYSON A. BIRD PO BOX 609 PINEHURST ID 83850 USA		JAYSON A BIRD DDS 3009 W AUGUSTIN DR COEUR D'ALENE ID 83815	
				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	JAYSON A. BIRD	PO BOX 1231	PINEHURST	ID	USA 83850
5. Organized Under the Laws of: ID W 125917		6. Annual Report must be signed.* Signature: Jayson Bird Name (type or print): Jayson Bird Date: 04/20/2015 Title: Owner			
Processed 04/20/2015		* Electronically provided signatures are accepted as original signatures.			