

No. W 33894		Due no later than Oct 31, 2014 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. KELLEY FAMILY DENTISTRY, PLLC DARRELL B KELLEY 35 S STATE PRESTON ID 83263		DARRELL BYRON KELLEY DDS 35 S STATE PRESTON ID 83263			
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	DARRON H KELLEY DDS PC	35 S STATE	PRESTON	ID	USA	83263	
MEMBER	DR D BRYON KELLEY PC	35 S STATE	PRESTON	ID	USA	83263	
5. Organized Under the Laws of: ID W 33894		6. Annual Report must be signed.* Signature: Darrell B Kelley Name (type or print): Darrell B Kelley					
		Date: 08/18/2014 Title: Hn					
Processed 08/18/2014		* Electronically provided signatures are accepted as original signatures.					