No. W 77089		Due no later than Aug 31, 2014		2	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. DANIEL S. MALAN, D.M.D., PLLC DANIEL S MALAN 2584 S GOSHEN WAY BOISE ID 83709			DANIEL S MALAN 2584 S GOSHEN WAY BOISE ID 83709 3. New Registered Agent Signature:*			
				_				
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Comp	anies: Enter Na	mes and Addresses of a	at least one Member or Manager.					
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
MEMBER	MBER DANIEL S. MALA		2584 S. GOSHEN WAY		BOISE	ID	USA	83709-8573
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 77089		Signature: Daniel S. Malan			Date: 09/10/2014			
		Name (type or print): Daniel S. Malan			Title: Member			
Processed 09/10/2014 * Electronically provided signatures are accepted as original signatures.								