

No. W 49877	Due no later than Apr 30, 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.		JACK D KLURE 3752 W MAGIC SPRUCE DR MERIDIAN 83646			
	JACK D. KLURE DDS, PLLC JACK D KLURE 110 E USTICK RD MERIDIAN ID 83646		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	JACK D KLURE	3752 W MAGIC SPRUCE DR	MERIDIAN	ID		83646
5. Organized Under the Laws of: ID W 49877		6. Annual Report must be signed.* Signature: Jack D Klure Name (type or print): Jack D Klure		Date: 03/20/2015 Title: member		
Processed 03/20/2015		* Electronically provided signatures are accepted as original signatures.				