

No. W 65478		Due no later than Aug 31, 2016 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. SWAN FALLS FAMILY DENTISTRY PLLC ANNELIESE HAWS 1621 N. LINDER RD KUNA ID 83634		ANNELIESE HAWS DDS 1621 N LINDER RD KUNA ID 83634-8363			
				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	MARIE CLARK	1621 N LINDER	KUNA	ID	USA	83634	
5. Organized Under the Laws of: ID W 65478		6. Annual Report must be signed.* Signature: Anneliese Haws Name (type or print): Anneliese Haws Date: 06/27/2016 Title: DDS					
Processed 06/27/2016		* Electronically provided signatures are accepted as original signatures.					