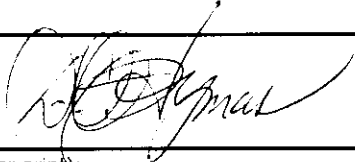


No. <b>W 58261</b>	<b>Due no later than Jan 31, 2015</b> <b>Annual Report Form</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> DOUGLAS C HYMAS 1331 S FIVE MILE RD BOISE ID 83709
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	1. <b>Mailing Address: Correct in this box if needed.</b> DOUGLAS C. HYMAS, DDS, PLLC DOUGLAS C HYMAS 1331 S FIVE MILE RD BOISE ID 83709 USA		3. <u>New</u> Registered Agent Signature.

4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.
 

Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Douglas C. Hymas	1331 So. 5 mile Rd.	Boise	IDAHO	USA	83709
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						

5. Organized Under the Laws of:  <div style="text-align: center; font-size: 1.2em;"> <b>IDAHO</b>  <b>W 58261</b> </div>	6. <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 60%;">           Signature:   <hr/>           Name (type or print):            Douglas C. Hymas         </div> <div style="width: 35%; text-align: right;">           Date:            1/8/15  <hr/>           Title:            MEMBER         </div> </div>
--	--

Issued 11/25/2014 by DK1
119637

## INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM