No. <b>W 38985</b>		Due no later than May 31, 2015		2. Registered Ag	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			CADE KONEN			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  KENT B. SIMMONS D.D.S., PLLC  KENT B SIMMONS  3318 4TH STREET  LEWISTON ID 83501		MOSCOW ID	315 S ALMON MOSCOW ID 83843  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE		USA						
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	MANAGER KENT B SIMMONS		7028 COUGAR RIDGE DRIVE	LEWISTON	ID		83501	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 38985		Signature: Kent Simmons			Date: 05/19/2015			
		Name (type or pri		Title: Manager				
Processed 05/19/2015 * Electronically provided signatures are accepted as original signatures.								