

No. W 90656	Due no later than Feb 28, 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. DAYLEY FAMILY DENTAL, PLLC BLAKE I DAYLEY 1578 S TIMESQUARE LN BOISE ID 83709 USA		BLAKE DAYLEY 1842 W MILAZZO ST MERIDIAN 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
MANAGER	BRANDI S DAYLEY	1842 W MILAZZO ST	MERIDIAN	ID	USA	83646
5. Organized Under the Laws of: ID W 90656	6. Annual Report must be signed.* Signature: Brandi Dayley Name (type or print): Brandi Dayley		Date: 12/15/2014 Title: Manager			
Processed 12/15/2014		* Electronically provided signatures are accepted as original signatures.				