

No. <b>W 71020</b>		<b>Due no later than Feb 29, 2016</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b>  PAYETTE DENTAL, PLLC DR BARRY JARDINE 1537 2ND AVE S PAYETTE ID 83661		BARRY JARDINE 5278 N COUGAR FLAT CT 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	DR BARRY JARDINE	5278 N COUGAR FLAT CT	MERIDIAN	ID	83646
5. Organized Under the Laws of:  <b>ID W 71020</b>		6. Annual Report must be signed.* Signature: Barry Jardine Name (type or print): Barry Jardine Date: 12/28/2015 Title: owner/officer			
Processed 12/28/2015		* Electronically provided signatures are accepted as original signatures.			