

No. W 146059	Due no later than Jan 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. LIBERTY'S TEETH L.L.C. THOMAS D NORMAN 2005 W GROUSE ST NAMPA ID 83651		THOMAS D NORMAN 2005 W GROUSE ST NAMPA ID 83651-8365			
			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	THOMAS NORMAN	2005 W GROUSE ST.	NAMPA	ID	USA	83651
5. Organized Under the Laws of: ID W 146059	6. Annual Report must be signed.* Signature: Thomas Norman Name (type or print): Thomas Norman		Date: 12/28/2015 Title: Owner			
Processed 12/28/2015		* Electronically provided signatures are accepted as original signatures.				