

No. <b>W 42419</b>	<b>Due no later than Aug 31, 2015</b> <b>Annual Report Form</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>1. Mailing Address: Correct in this box if needed.</b>		JACQUELINE MABREY 1119 N 4TH ST COEUR D'ALENE ID 83814-3216			
	TEETH MAKERS LLC RENTAL JACQUELINE MABREY 1119 N 4TH ST COEUR D'ALENE ID 83814-3216 USA		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	JACQUELINE MABREY	1119 N 4TH ST	COEUR D'ALENE	ID		83814
MEMBER	KIMBERLEE VERBRUGGE	1119 N 4TH ST	COEUR D'ALENE	ID		83814
5. Organized Under the Laws of:  <b>ID W 42419</b>	6. Annual Report must be signed.*					
		Signature: Carol Stipek	Date: 07/06/2015			
		Name (type or print): Carol Stipek	Title: Administrative Assistant			
Processed 07/06/2015		* Electronically provided signatures are accepted as original signatures.				