

No. <b>W 120220</b>	<b>Due no later than Dec 31, 2013</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>1. Mailing Address: Correct in this box if needed.</b>  MIKE CADY, DMD, PLLC MIKE CADY DMD, PLLC 716 YELLOWSTONE AVE POCATELLO ID 83201		MIKE CADY 716 YELLOWSTONE AVE POCATELLO ID 83201				
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>			3. <u>New</u> Registered Agent Signature:*				
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MANAGER	Name KELLY CURRAN	Street or PO Address 716 YELLOWSTONE AVE	City POCATELLO	State ID	Country USA	Postal Code 83201	
5. Organized Under the Laws of:  <b>ID</b> <b>W 120220</b>	6. Annual Report must be signed.*  Signature: Mike Cady, DMD, PLLC Name (type or print): Mike Cady, DMD, PLLC						Date: 10/21/2013 Title: Owner-Periodontist
Processed 10/21/2013	* Electronically provided signatures are accepted as original signatures.						