

No. W 120220		Due no later than Dec 31, 2013		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. MIKE CADY, DMD, PLLC MIKE CADY DMD, PLLC 716 YELLOWSTONE AVE POCATELLO ID 83201		MIKE CADY 716 YELLOWSTONE AVE POCATELLO ID 83201			
				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	KELLY CURRAN	716 YELLOWSTONE AVE	POCATELLO	ID	USA	83201	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 120220		Signature: Mike Cady, DMD, PLLC				Date: 10/21/2013	
		Name (type or print): Mike Cady, DMD, PLLC				Title: Owner-Periodontist	
Processed 10/21/2013		* Electronically provided signatures are accepted as original signatures.					