No. **W 33894**	**Due no later than Oct 31, 2015** **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.** KELLEY FAMILY DENTISTRY, PLLC DARRELL B KELLEY 35 S STATE PRESTON ID 83263	DARRELL BYRON KELLEY DDS 35 S STATE PRESTON ID 83263 3. New 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	DARRON H KELLEY DDS PC	35 S STATE	PRESTON	ID		83263
MEMBER	DR D BRYON KELLEY PC	35 S STATE	PRESTON	ID		83263

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 33894**	Signature: Darrekk B Kelley	Date: 08/17/2015
	Name (type or print): Darrekk B Kelley	Title: HN

Processed 08/17/2015

* Electronically provided signatures are accepted as original signatures.