No. W 34733		Due no later than Nov 30, 2014		2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			DR TIMOTHY J HUFF DDS			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. HUFF PROPERTIES, LLC TIMOTHY J HUFF DDS PO BOX 9123 BOISE ID 83707-3123		BOISE 8:	3157 S BOWN WY STE 200 BOISE 83706 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compa	nies: Enter Nai	mes and Addresses	of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER	DR TIMOTHY	J HUFF DDS	59 MEADOW LANE	BOISE	ID		83716	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 34733		Signature: Timothy J Huff			Date: 12/10/2014			
		Name (type or		Title: President				
Processed 12/10/2014	essed 12/10/2014 * Electronically provided signatures are accepted as original signatures.							