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| No. W 139147 | | Due no later than Jun 30, 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 | | 1. Mailing Address: Correct in this box if needed. S4K HOLDINGS PLLC JOSHUA JENKINS DMD 1331 MOUNTAIN VIEW DR TWIN FALLS ID 83301 | | JOSHUA JENKINS DMD 1331 MOUNTAIN VIEW DR TWIN FALLS ID 83301 | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | 3. <u>New</u> Registered Agent Signature:* | | | |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager. | | | | | | | |
| Office Held MEMBER | Name JOSHUA JENKINS | Street or PO Address 1331 MOUNTAIN VIEW DR | | City TWIN FALLS | State ID | Country USA | Postal Code 83301 |
| 5. Organized Under the Laws of: ID W 139147 | | 6. Annual Report must be signed.* Signature: Josh Jenkins Name (type or print): Josh Jenkins Date: 04/27/2015 Title: DMD | | | | | |
| Processed 04/27/2015 * Electronically provided signatures are accepted as original signatures. | | | | | | | |