

No. W 3378		Due no later than Jan 31, 2016 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. TODD R. SCHINI, D.M.D., PLLC TODD R SCHINI 2000 NW BLVD STE 100 COEUR D'ALENE ID 83814		TODD R SCHINI 2000 NW BLVD STE 100 COEUR D'ALENE ID 83814			
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 TODD R SCHINI	Street or PO Address 6453 E OCTAVIA CT		City POST FALLS	State ID	Country	Postal Code 83854
5. Organized Under the Laws of: ID W 3378		6. Annual Report must be signed.* Signature: Todd R. Schini Name (type or print): Todd R. Schini Date: 11/16/2015 Title: owner					
Processed 11/16/2015 * Electronically provided signatures are accepted as original signatures.							