

No. W 3378		Due no later than Jan 31, 2016		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. 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	
				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
MEMBER	TODD R SCHINI	6453 E OCTAVIA CT	POST FALLS	ID	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.			