No. W 124811	D	ue no later than Apr 30, 2016	2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		JAKE R RICHARDS			
SECRETARY OF STATE	1. Mailing /	1. Mailing Address: Correct in this box if needed. JAKE R. RICHARDS, DDS, PLLC JAKE R RICHARDS 135 WARREN AVE		135 WARREN AVE POCATELLO ID 83201			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	JAKE R RICI						
	POCATELLO	POCATELLO ID 83201		3. <u>New</u> Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Limited Liability Companies: Enter	Names and Address	ses of at least one Member or Manager.					
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER JAKE R RICHARDS		135 WARREN AVE	POCATELLO	ID	USA	83201	
5. Organized Under the Laws of: 6. Annual Report must be signed.*							
Signature: jake r richards		ake r richards	Date	Date: 02/24/2016			
W 124811	Name (type	Name (type or print): jake r richards		Title: mnging member			
Processed 02/24/2016	* Electronically provided signatures are accepted as original signatures.						