No. <b>W 129534</b>		Due no later than Sep 30, 2018		2.	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			KEVIN KEMPERS 3003 W. MAIN ST 130 BOISE ID 83702			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed.						
		WHITEWATER ORAL SURGERY GROUP PLLC KEVIN KEMPERS 3003 W. MAIN ST 130 BOISE ID 83702						
				3.	3. New 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 ERIC W NEL			2882 S HONEYCOMB WAY	_	OISE	ID	USA	83716
MEMBER KEVIN G. KE		MPERS	12626 N. SCHICK'S RIDGE RD.	E	OISE	ID	USA	83714
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 129534		Signature: Kevin Kempers			Date: 07/31/2018			
		Name (type or print): Kevin Kempers			Title: Co-Owner			
Processed 07/31/2018		Electronically provided signatures are accepted as original signatures.						