No. W 129990		Due no later than Oct 31, 2017	2. Registered Agent and Address (NO PO BOX) CAMERON OLER 2041 STADIUM BLVD TWIN FALLS ID 83301 3. New Registered Agent Signature:*			
Return to:		Annual Report Form				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. ELKO ENDODONTICS PLLC CAMERON OLER 2041 STADIUM BLVD TWIN FALLS ID 83301				
NO FILING FEE IF RECEIVED BY DUE DATE						
4. Limited Liability Compa	anies: Enter Nar	nes and Addresses of at least one Member or Manager.				
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MEMBER	BROOKE OLE	ER 2041 STADIUM BLVD	TWIN FALLS	ID	USA	83301
5. Organized Under the Laws of:		6. Annual Report must be signed.*				
ID		Signature: Cameron Douglas Oler	Date: 08/27/2017			
W 129990		Name (type or print): Cameron Douglas Oler	Title: owner			
Processed 08/27/2017 * Electronically provided signatures are accepted as original signatures.						