

No. W 129990		Due no later than Oct 31, 2015 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. ELKO ENDODONTICS PLLC CAMERON OLER 2041 STADIUM BLVD TWIN FALLS ID 83301		CAMERON OLER 2041 STADIUM BLVD TWIN FALLS ID 83301			
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 BROOKE OLER	Street or PO Address 2041 STADIUM BLVD		City TWIN FALLS	State ID	Country USA	Postal Code 83301
5. Organized Under the Laws of: ID W 129990		6. Annual Report must be signed.* Signature: cameron oler Name (type or print): cameron oler Date: 09/13/2015 Title: owner					
Processed 09/13/2015 * Electronically provided signatures are accepted as original signatures.							