

| | | | | | | | |
|--|-------------|--|------------|--|---------|-------------|--|
| No. W 129990 | | Due no later than Oct 31, 2015 | | 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 | | 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 | | | |
| | | | | 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 | BROOKE OLER | 2041 STADIUM BLVD | TWIN FALLS | ID | USA | 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. | | | | | |