No. **W 77414**	**Due no later than Sep 30, 2017** **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 **NO FILING FEE IF RECEIVED BY DUE DATE**	**1. Mailing Address: Correct in this box if needed.** BRYCE LARSEN, DMD, PLLC BRYCE LARSEN 950 HOSPITAL WAY STE B POCATELLO ID 83201	DAVE BAGLEY 201 E CENTER ST POCATELLO ID 83201 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
MANAGER	BRYCE R LARSEN	950 HOSPITAL WAY, STE B	POCATELLO	ID	USA	83201

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 77414**	Signature: Bryce Larsen	Date: 09/19/2017
	Name (type or print): Bryce Larsen	Title: Owner

Processed 09/19/2017

* Electronically provided signatures are accepted as original signatures.