

No. W 45240	Due no later than Dec 31, 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. SOUTHEAST IDAHO ORTHODONTICS, PLLC 625 E. ALAMEDA RD POCATELLO ID 83201		ERIC L OLSEN 505 PERSHING AVE POCATELLO ID 83201			
			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	MCMINN ORTHODONTICS	625 E ALAMEDA	POCATELLO	ID	USA	83201
5. Organized Under the Laws of: ID W 45240	6. Annual Report must be signed.* Signature: jeff mcminn Name (type or print): jeff mcminn		Date: 11/01/2017 Title: member			
Processed 11/01/2017		* Electronically provided signatures are accepted as original signatures.				