

No. W 51762		Due no later than Jun 30, 2018		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. OLER DENTAL PLLC CAMERON D OLER 1411 FALLS AVE EAST 1329 TWIN FALLS ID 83301		CAMERON D OLER 1411 FALLS AVE EAST 1329 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	CAMERON D OLER	2041 STADIUM BLVD	TWIN FALLS	ID	83301
5. Organized Under the Laws of: ID W 51762		6. Annual Report must be signed.* Signature: cameron oler Name (type or print): cameron oler Date: 04/30/2018 Title: owner			
Processed 04/30/2018		* Electronically provided signatures are accepted as original signatures.			