

No. W 179028		Due no later than Mar 31, 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		1. Mailing Address: Correct in this box if needed. BOWN DENTAL, PLLC 3157 S BOWN WAY #200 BOISE ID 83706		JAMES OSTERKAMP 3500 S WEST POINT AVE BOISE ID 83706			
				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	
MANAGER	JAMES OSTERKAMP	3157 S BOWN WAY, SUITE #200	BOISE	ID	USA	83706	
5. Organized Under the Laws of: ID W 179028		6. Annual Report must be signed.* Signature: James Osterkamp Name (type or print): James Osterkamp Date: 01/23/2018 Title: Owner					
Processed 01/23/2018		* Electronically provided signatures are accepted as original signatures.					