

No. W 52679		Due no later than Jul 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		Annual Report Form		JOSEPH ELISON 3357 MERLIN DR IDAHO FALLS ID 83404			
		1. Mailing Address: Correct in this box if needed.		3. <u>New</u> Registered Agent Signature:*			
		ELISON ORTHODONTICS, PLLC JOSEPH H. ELISON 3357 MERLIN DR IDAHO FALLS ID 83404 USA					
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	JOSEPH ELISON	3357 MERLIN DR	IDAHO FALLS	ID		83404	
MANAGER	J. MATTHEW ELISON	3357 MERLIN DR.	IDAHO FALLS	ID	USA	83404	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 52679		Signature: J. Matthew Elison				Date: 05/21/2015	
		Name (type or print): J. Matthew Elison				Title: Manager	
Processed 05/21/2015		* Electronically provided signatures are accepted as original signatures.					