No. **W 170353**	**Due no later than Aug 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.** PAUL S. JOHNSON DMD PLLC 1411 FALLS AVE E #1000-C TWIN FALLS ID 83301	PAUL JOHNSON 1411 FALLS AVE E #1000-C TWIN FALLS ID 83301 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
MEMBER	PAUL S JOHNSON	1411 FALLS AVE E STE 1000C	TWIN FALLS	ID	USA	83301

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 170353**	Signature: Paul Johnson	Date: 09/26/2017
	Name (type or print): Paul Johnson	Title: Member

Processed 09/26/2017

* Electronically provided signatures are accepted as original signatures.