No. <b>C 166697</b>	Due	Due no later than May 31, 2018		2. Registered Agent and Address (NO PO BOX)			
Return to:  SECRETARY OF STATE  700 WEST JEEEEPSON		Annual Report Form  dress: Correct in this box if needed.  KRELL, D.D.S., P.A.  CKRELL	201 E CENTER POCATELLO	ERIC L OLSEN 201 E CENTER POCATELLO ID 83201  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE		POCATELLO ID 83201					
4. Corporations: Enter Names and I	Business Addresses of Pi	esident, Secretary, and Directors. Treas	surer (optional).				
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
	nn G. Fackrell L. Fackrell	415 N 3RD AVE SUITE A 415 N 3RD AVE SUITE A	POCATELLO POCATELLO	ID ID	USA USA	83201 83201	
5. Organized Under the Laws of:	6. Annual Report i	Annual Report must be signed.*					
<b>ID</b> Signatu		: Cheryl Czyzewski Date: 06/13/2018					
C 166697	Name (type or	Name (type or print): Cheryl Czyzewski		Title: Office Manager			
Processed 06/13/2018	* Electronically pro	* Electronically provided signatures are accepted as original signatures.					