No. **W 126208**	**Due no later than Jun 30, 2015** **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.** RYAN M. NIELSON, DDS, PLLC RYAN M NIELSON 1411 FALLS AVE. SUITE 1000C TWIN FALLS ID 83301	RYAN M NIELSON 2620 JOSHUA WAY 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	RYAN M. NIELSON	1411 FALLS AVE. SUITE 1000C	TWIN FALLS	ID	USA	83301

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 126208**	Signature: Ryan Nielson	Date: 07/16/2015
	Name (type or print): Ryan Nielson	Title: Member

Processed 07/16/2015

* Electronically provided signatures are accepted as original signatures.