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|--|------------------|---|---------|---|---------|-------------|--|
| No. W 152627 | | Due no later than Jun 30, 2016 | | 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. JEFFREY OSWELL DMD PLLC JEFFREY L OSWELL PO BOX 455 BAYVIEW ID 83803 USA | | JEFFREY L OSWELL 24 GLACIER LOOP RD BAYVIEW ID 83803-8380 | | | |
| | | | | 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 | JEFFREY L OSWELL | 24 GLACIER LOOP ROAD P.O. 455 | BAYVIEW | ID | USA | 83803 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | |
| ID W 152627 | | Signature: Jeffrey Oswell | | Date: 04/27/2016 | | | |
| | | Name (type or print): Jeffrey Oswell | | Title: Managing Member/President | | | |
| Processed 04/27/2016 | | * Electronically provided signatures are accepted as original signatures. | | | | | |