No. <b>W 183427</b>		Due no later than May 31, 2018	2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form	ERIC NELSON				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  WHITEWATER WOOD RIVER ORAL SURGERY PLLC ERIC NELSON 3003 W MAIN ST 130	130 BOISE ID	3003 W MAIN ST 130 BOISE ID 83702  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE		BOISE ID 83702					
4. Limited Liability Comp	panies: Enter Nar	nes and Addresses of at least one Member or Manager.					
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
MEMBER ERIC NELSO		N 3003 W MAIN ST 130	BOISE	ID	USA	83702	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID		Signature: Eric Nelson	Date: 03/19/2018				
W 183427		Name (type or print): Eric Nelson	Title: Owner				
Processed 03/19/2018 * Electronically provided signatures are accepted as original signatures.							