No. <b>C 150024</b>		Due no later than Jul 31, 2017 Annual Report Form  1. Mailing Address: Correct in this box if needed.  ROBERT D. NIELSON, D.M.D., P.A. LORI R NIELSON 6615 RED BLUFF LAND IDAHO FALLS ID 83406		2. Registered Age	2. Registered Agent and Address (NO PO BOX)			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080				2635 CHANNIN IDAHO FALLS	STEPHEN TELFORD 2635 CHANNING WY IDAHO FALLS ID 83404  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE  4. Corporations: Enter Names and Business		USA	f President, Secretary, and Directors. Treasur	ror (ontional)	Continual			
Office Held	Name	ess Addresses O	Street or PO Address	City	State	Country	Postal Code	
PRESIDENT SECRETARY	ROBERT D NIELSON LORI R NIELSON		6615 RED BLUFF LANE 6615 RED BLUFF LANE	IDAHO FALLS IDAHO FALLS	ID ID	USA USA	83406 83406	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID C 150024		Signature: Lori R Nielson			Date: 05/23/2017			
		Name (type or print): Lori R Nielson			Title: Secretary			
Processed 05/23/2017		* Electronically	provided signatures are accepted as original	signatures.				