

No. <b>W 15311</b>		<b>Due no later than May 31, 2015</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b>  CANYON RIM ORAL SURGERY, P.L.L.C. MARK A PLANT DDS PA 2064 WASHINGTON ST N TWIN FALLS ID 83301 USA		MARK A PLANT DDS PA 2064 WASHINGTON ST N TWIN FALLS ID 83301	
				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	MARK A PLANT DDS PA	2064 WASHINGTON ST N	TWIN FALLS	ID	83301
5. Organized Under the Laws of:  <b>ID W 15311</b>		6. Annual Report must be signed.* Signature: Mark A Plant Name (type or print): Mark A Plant Date: 07/01/2015 Title: Owner			
Processed 07/01/2015		* Electronically provided signatures are accepted as original signatures.			