No. **W 141585**	**Due no later than Aug 31, 2016** **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.** EAGLE ORAL SURGERY & DENTAL IMPLANT CENTER, PLLC 197 W STATE ST EAGLE ID 83616	JEREMY HIXSON 243 N SALINA AVE EAGLE ID 83616 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
MANAGER	JEREMY HIXSON	243 N. SALINA AVE	EAGLE	ID	USA	83616

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 141585**	Signature: Jeremy Hixson	Date: 08/23/2016
	Name (type or print): Jeremy Hixson	Title: Manager

Processed 08/23/2016

* Electronically provided signatures are accepted as original signatures.