

No. W 52814		Due no later than Jul 31, 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		Annual Report Form		ALAN C STEPHENS 2635 CHANNING WAY IDAHO FALLS ID 83404			
		1. Mailing Address: Correct in this box if needed.		3. <u>New</u> Registered Agent Signature:*			
		R. NIELSON DENTAL #1, LLC LORI NIELSON 3151 EAST 17TH IDAHO FALLS ID 83406					
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	
MEMBER	LORI R NIELSON	695 S TIEBREAKER DR	IDAHO FALLS	ID		83404	
MEMBER	ROBERT D NIELSON	3151 17TH STREET	IDAHO FALLS	ID	USA	83404	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 52814		Signature: Lori Nielson			Date: 05/24/2016		
		Name (type or print): Lori Nielson			Title: secretary		
Processed 05/24/2016		* Electronically provided signatures are accepted as original signatures.					