

No. W 52679		Due no later than Jul 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		1. Mailing Address: Correct in this box if needed. ELISON ORTHODONTICS, PLLC JOSEPH H. ELISON 3357 MERLIN DR IDAHO FALLS ID 83404		JOSEPH ELISON 3357 MERLIN DR IDAHO FALLS ID 83404			
NO FILING FEE IF RECEIVED BY DUE DATE				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	JOSEPH ELISON	3357 MERLIN DR	IDAHO FALLS	ID	83404		
MANAGER	J. MATTHEW ELISON	3357 MERLIN DR.	IDAHO FALLS	ID	USA	83404	
5. Organized Under the Laws of: ID W 52679		6. Annual Report must be signed.* Signature: Joseph H. Elison Name (type or print): Joseph H. Elison					
		Date: 05/23/2016 Title: Manager					
Processed 05/23/2016		* Electronically provided signatures are accepted as original signatures.					