

No. W 145390		Due no later than Dec 31, 2017 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. OWYHEE ORAL SURGERY LLC JOHN PAUL MALAN 1613 12TH AVE RD UNIT A NAMPA ID 83686		JOHN PAUL MALAN 1613 12TH AVE RD UNIT A NAMPA ID 83686			
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 MEMBER	Name JOHN PAUL MALAN	Street or PO Address 1613 12TH AVE RD UNIT A		City NAMPA	State ID	Country USA	Postal Code 83686
5. Organized Under the Laws of: ID W 145390		6. Annual Report must be signed.* Signature: John P Malan Name (type or print): John P Malan Date: 10/30/2017 Title: Dr					
Processed 10/30/2017 * Electronically provided signatures are accepted as original signatures.							