No. W 126815		Due no later than Jul 31, 2018		2. Registered A	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 1. Mailing Address: Correct in this box if needed. IDAHO ORTHODONTICS TWIN FALLS, PLLC JEFF MCMINN 625 E ALAMEDA RD POCATELLO ID 83201		505 PERSHIN	ERIC OLSEN 505 PERSHING STE 100 POCATELLO ID 83201 3. New Registered Agent Signature:*			
				3. New Register				
				3. <u>Hew</u> Register				
4. Limited Liability Comp	anies: Enter Na	mes and Addres	ses of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER	BRENDON S'	WENSON	2135 W MOOSE CREEK DR	NAMPA	ID	USA	83685	
MEMBER	KEVIN MCM	INN	105 SHAUN LN	HAILEY	ID	USA	83333	
MEMBER	JEFF MCMIN	IN	625 E ALAMEDA RD	POCATELLO	ID	USA	83201	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 126815		Signature: Jeff mcminn			Date: 05/29/2018			
		Name (type	or print): Jeff mcminn		Title: member			
Processed 05/29/2018		* Electronically provided signatures are accepted as original signatures.						