| No. W 129534 | | Due no later than Sep 30, 2017 | | 2. R | 2. Registered Agent and Address (NO PO BOX) | | | | |
|--|----------------|---|---------------------------------|-------------|--|-------|---------|-------------|--|
| Return to: | | Annual Report Form | | | KEVIN KEMPERS 3003 W. MAIN ST 130 BOISE ID 83704 | | | | |
| 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. | | 1 | | | | | |
| | | WHITEWATER ORAL SURGERY GROUP PLLC KEVIN KEMPERS 3003 W. MAIN ST 130 BOISE ID 83704 | | 1 | | | | | |
| | | | | 3. <u>N</u> | 3. New Registered Agent Signature:* | | | | |
| | | | | | | | | | |
| 4. Limited Liability Compa | nies: Enter Na | mes and Addresses of | at least one Member or Manager. | | | | | | |
| Office Held | Name | | Street or PO Address | Cit | y | State | Country | Postal Code | |
| MEMBER ERIC W NEL | | | 6537 ESCARPMENT COURT | | ISE | ID | USA | 83716 | |
| MEMBER KEVIN G. KE | | MPERS | 12626 N. SCHICK'S RIDGE RD. | ВО | ISE | ID | USA | 83714 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | | |
| ID W 129534 | | Signature: kevin kempers | | | Date: 07/25/2017 | | | | |
| | | Name (type or print): kevin kempers | | | Title: president | | | | |
| Processed 07/25/2017 * Electronically provided signatures are accepted as original signatures. | | | | | | | | | |