No. W 144778		Due no later than Nov 30, 2016 Annual Report Form 1. Mailing Address: Correct in this box if needed. OWENS ORTHODONICS, LLC PO BOX 7401 JACKSON WY 83002		2.	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080				3.	KATHY RUNYAN 91 EAST LITTLE AVE DRIGGS ID 83422 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
200		mes and Addresses of at	least one Member or Manager.	_		61.1		5
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
MEMBER SHANNON OWENS		PO BOX 7401	J	ACKSON	WY	USA	83002	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
WY		Signature: Shannon Owens			Date: 09/30/2016			
W 144778		Name (type or print): Shannon Owens			Title: Member			
Processed 09/30/2016 * Electronically provided signatures are accepted as original signatures.								