

No. W 63024		Due no later than May 31, 2018		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		WESTON DAVIS 490 MEMORIAL DR IDAHO FALLS ID 83402			
		1. Mailing Address: Correct in this box if needed.		3. <u>New</u> Registered Agent Signature:*			
		VALLEY ORTHODONTICS, LLC PHILLIP D LOWDER PO BOX 246 RIGBY ID 83442					
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	PHILLIP D LOWDER	1002 SHELL FLOWER RD	HENDERSON	NV		89074	
MANAGER	PHILLIP D LOWDER	PO BOX 246	RIGBY	ID	USA	83442	
5. Organized Under the Laws of: IV W 63024		6. Annual Report must be signed.* Signature: Phillip Lowder Name (type or print): Phillip Lowder Date: 03/26/2018 Title: Member Manager					
Processed 03/26/2018		* Electronically provided signatures are accepted as original signatures.					