No. **W 145390**	**Due no later than Dec 31, 2016** **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 **NO FILING FEE IF RECEIVED BY DUE DATE**	**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 3. New Registered Agent Signature:*

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
MEMBER	JOHN PAUL MALAN	1613 12TH AVE RD UNIT A	NAMPA	ID	USA	83686

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 145390**	Signature: John P Malan	Date: 11/14/2016
	Name (type or print): John P Malan	Title: Dr

Processed 11/14/2016

* Electronically provided signatures are accepted as original signatures.