No. W 119199		Due no later than Nov 30, 2017	2. Registered Agent and Address (NO PO BOX) ERIC L OLSEN 201 E CENTER ST POCATELLO ID 83201 3. New Registered Agent Signature:*			
Return to:		Annual Report Form				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. IDAHO ORTHODONTICS - BURLEY, PLLC JEFF MCMINN 625 E ALAMEDA RD POCATELLO ID 83201				
NO FILING FEE IF RECEIVED BY DUE DATE						
4. Limited Liability Compa	anies: Enter Nar	nes and Addresses of at least one Member or Manager.				
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MANAGER JEFF MCMIN		N 625 E. ALAMEDA RD	POCATELLO	ID	USA	83201
5. Organized Under the Laws of:		6. Annual Report must be signed.*				
ID		Signature: jeff mcminn	Date: 09/21/2017			
W 119199		Name (type or print): jeff mcminn	Title: manager			
Processed 09/21/2017 * Electronically provided signatures are accepted as original signatures.						