No. **W 56120**	**Due no later than Nov 30, 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.** ALEXANDER ORTHODONTICS LLC SCOTT D ALEXANDER 3167 SOUTH BOWN WAY BOISE ID 83706	SCOTT D ALEXANDER 3167 S BOWN WAY BOISE ID 83706 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
MANAGER	SCOTT D ALEXANDER	202 N. STRAUGHAN AVE	BOISE	ID		83712

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 56120**	Signature: Scott Alexander	Date: 10/11/2016
	Name (type or print): Scott Alexander	Title: Manager

Processed 10/11/2016

* Electronically provided signatures are accepted as original signatures.