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| No. W 51762 | | Due no later than Jun 30, 2016 | | 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 1. Mailing Address: Correct in this box if needed. OLER DENTAL PLLC CAMERON D OLER 1411 FALLS AVE EAST 1329 TWIN FALLS ID 83301 | | CAMERON D OLER 1411 FALLS AVE EAST 1329 TWIN FALLS ID 83301 | |
| | | | | 3. <u>New</u> 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 | CAMERON D OLER | 2041 STADIUM BLVD | TWIN FALLS | ID | 83301 |
| 5. Organized Under the Laws of: ID W 51762 | | 6. Annual Report must be signed.* Signature: cameron oler Name (type or print): cameron oler Date: 07/15/2016 Title: owner | | | |
| Processed 07/15/2016 | | * Electronically provided signatures are accepted as original signatures. | | | |