No. <b>W 126208</b>		Due no later than Jun 30, 2016		2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		RYAN M NIELSON			
SECRETARY OF STATE	1. Mailing A	1. Mailing Address: Correct in this box if needed.  RYAN M. NIELSON, DDS, PLLC  RYAN M NIELSON  1411 FALLS AVE.  SUITE 1000C  TWIN FALLS ID 83301		2620 JOSHUA WAY TWIN FALLS ID 83301			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	RYAN M NIEL						
	SUITE 1000C			3. <u>New</u> Registered Agent Signature:*			
NO FILING FEE IF	TWIN FALLS						
RECEIVED BY DUE DATE							
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 RYAN I	1. NIELSON	1411 FALLS AVE. SUITE 1000C	TWIN FALLS	ID	USA	83301	
5. Organized Under the Laws of: 6. Annual Report must be signed.*							
ID	ID Signature: Ryan Nielson		Date: 05/17/2016				
W 126208	Name (type or	Name (type or print): Ryan Nielson		Title: President			
Processed 05/17/2016	* Electronically p	* Electronically provided signatures are accepted as original signatures.					