No. **W 69626**	**Due no later than Dec 31, 2017** **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.** RIVER VISTA DENTAL ASSISTING SCHOOL, LLC ROBERT A ADAMS 188 RIVER VISTA PL TWIN FALLS ID 83301	ROBERT A ADAMS 188 RIVER VISTA PL TWIN FALLS ID 83301 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	ROBERT A ADAMS	821 RIMVIEW LANE W	TWIN FALLS	ID		83301

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 69626**	Signature: Robert A. Adams	Date: 10/30/2017
	Name (type or print): Robert A. Adams	Title: business closed

Processed 10/30/2017

* Electronically provided signatures are accepted as original signatures.