

No. W 138733	Due no later than Jun 30, 2017 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) PAUL JJ CLAWSON 2151 W AUTUMN CREST COURT EAGLE ID 83616 5320 N. Landon Place Meridian, ID 83646
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. PAUL JJ CLAWSON DDS, PLLC PAUL JJ CLAWSON 1045 S ANCONA STE 150 EAGLE ID 83616 776 E. Riverside Drive, Suite 240 Eagle, ID 83616		3. <u>New</u> Registered Agent Signature. (no change in registered agent)

4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.

Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Paul Clawson	5320 N. Landon Creek Place	Meridian	ID		83646
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						

5. Organized Under the Laws of: <div style="text-align: center; font-size: 1.2em;"> IDAHO W 138733 </div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature: <i>Paul Clawson</i> </td> <td style="width: 40%;"> Date: 06/28/2017 </td> </tr> <tr> <td> Name (type or print): Paul Clawson </td> <td> Title: President </td> </tr> </table>	Signature: <i>Paul Clawson</i>	Date: 06/28/2017	Name (type or print): Paul Clawson	Title: President
Signature: <i>Paul Clawson</i>	Date: 06/28/2017				
Name (type or print): Paul Clawson	Title: President				

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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM