

No. <b>W 77414</b>		<b>Due no later than Sep 30, 2016</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  BRYCE LARSEN, DMD, PLLC BRYCE LARSEN 950 HOSPITAL WAY STE B POCATELLO ID 83201		DAVE BAGLEY 201 E CENTER ST POCATELLO ID 83201			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MANAGER	Name BRYCE R LARSEN	Street or PO Address 950 HOSPITAL WAY, STE B		City POCATELLO	State ID	Country USA	Postal Code 83201
5. Organized Under the Laws of:  <b>ID</b> <b>W 77414</b>		6. Annual Report must be signed.*  Signature: Bryce R. Larsen Name (type or print): Bryce R. Larsen  Date: 07/25/2016 Title: Manager					
Processed 07/25/2016 * Electronically provided signatures are accepted as original signatures.							