

No. <b>W 77414</b>		<b>Due no later than Sep 30, 2016</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>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<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			
				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	
MANAGER	BRYCE R LARSEN	950 HOSPITAL WAY, STE B	POCATELLO	ID	USA	83201	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>ID W 77414</b>		Signature: Bryce R. Larsen				Date: 07/25/2016	
		Name (type or print): Bryce R. Larsen				Title: Manager	
Processed 07/25/2016		* Electronically provided signatures are accepted as original signatures.					