

No. W 62939		Due no later than May 31, 2017		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. SALMON DENTAL CENTER PLLC MARK S OLIVERSON 207 MARGARET STREET SALMON ID 83467		MARK OLIVERSON DMD 207 MARGARET STREET SALMON ID 83467	
				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
MEMBER	MARK OLIVERSON DMD	207 MARGARET STREET	SALMON	ID	83467
5. Organized Under the Laws of: ID W 62939		6. Annual Report must be signed.* Signature: Mark S. Oliverson Name (type or print): Mark S. Oliverson Date: 04/07/2017 Title: DMD, owner			
Processed 04/07/2017		* Electronically provided signatures are accepted as original signatures.			