

No. <b>W 119199</b>	<b>Due no later than Nov 30, 2015</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>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>1. Mailing Address: Correct in this box if needed.</b> IDAHO ORTHODONTICS - BURLEY, PLLC JEFF MCMINN 625 E ALAMEDA RD POCATELLO ID 83201		ERIC L OLSEN 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	JEFF MCMINN	625 E. ALAMEDA RD	POCATELLO	ID	USA	83201
5. Organized Under the Laws of:  <b>ID</b> <b>W 119199</b>	6. Annual Report must be signed.* Signature: jeff mcminn Name (type or print): jeff mcminn		Date: 09/17/2015 Title: manager			
Processed 09/17/2015		* Electronically provided signatures are accepted as original signatures.				