



STATE OF IDAHO

**STATE OF IOWA
Office of the secretary of state, Phil McGrane
ANNUAL REPORT**

Idaho Secretary of State
PO Box 83720
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(208) 334-2301
Filing Fee: \$0.00

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-FILED-

File #: 0006048363

Date Filed: 1/4/2025 3:37:01 PM

| Entity Name and Mailing Address: | | | | | | | | |
|---|--------------------------------------|--------------------------------------|------|-------|------------------|-------------|-----------|--------------------------------------|
| Entity Name: | RYAN SPEIRS, D.M.D., P.A. | | | | | | | |
| The file number of this entity on the records of the Idaho Secretary of State is: | | | | | | | | |
| Address | 0000535788 | | | | | | | |
| 327 DEINHARD LN MCALL, ID 83638-4703 | | | | | | | | |
| Entity Details: | | | | | | | | |
| Entity Status | Active-Good Standing | | | | | | | |
| This entity is organized under the laws of: | | | | | | | | |
| IDAHO | | | | | | | | |
| If applicable, the old file number of this entity on the records of the Idaho Secretary of State was: | | | | | | | | |
| C177036 | | | | | | | | |
| The registered agent on record is: | | | | | | | | |
| Registered Agent | RYAN SPEIRS DMD Registered Agent | | | | | | | |
| | Physical Address | | | | | | | |
| | 327 DEINHARD LANE MCALL, ID 83638 | | | | | | | |
| | Mailing Address | | | | | | | |
| Corporate Officers and Directors: | | | | | | | | |
| <table border="1"> <thead> <tr> <th>Name</th> <th>Title</th> <th>Business Address</th> </tr> </thead> <tbody> <tr> <td>Ryan Speirs</td> <td>President</td> <td>327 DEINHARD LANE MCALL, ID 83638</td> </tr> </tbody> </table> | | | Name | Title | Business Address | Ryan Speirs | President | 327 DEINHARD LANE MCALL, ID 83638 |
| Name | Title | Business Address | | | | | | |
| Ryan Speirs | President | 327 DEINHARD LANE MCALL, ID 83638 | | | | | | |
| The annual report must be signed by an authorized signer of the entity. | | | | | | | | |
| Job Title: President | | | | | | | | |
| <p><i>Ryan Speirs, DMD</i></p> <p>Sign Here</p> | | 01/04/2025 | | | | | | |
| | | Date | | | | | | |