

No. C 143837		Due no later than May 31, 2016 Annual Report Form		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		1. Mailing Address: Correct in this box if needed. DONALD E. LARSON, DMD, P.C. DONALD E LARSON 5919 N LILYBROOK PL BOISE ID 83713		DONALD E LARSON 5919 N LILYBROOK PL BOISE ID 83713			
				3. <u>New</u> Registered Agent Signature:*			
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	DONALD E LARSON	5919 N LILYBROOK PL	BOISE	ID	USA	83713	
5. Organized Under the Laws of: ID C 143837		6. Annual Report must be signed.* Signature: Donald E. Larson Name (type or print): Donald E. Larson				Date: 04/08/2016 Title: President	
Processed 04/08/2016		* Electronically provided signatures are accepted as original signatures.					