

No. <b>C 144212</b>		<b>Due no later than Jun 30, 2015</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>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b>  PAUL LLOYD HANSEN, DDS, PA PAUL L HANSEN PO BOX 458 625 W BRIDGE ST BLACKFOOT ID 83221		PAUL HANSEN 625 W BRIDGE ST BLACKFOOT ID 83221			
				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	
SECRETARY	KRISTEN T HANSEN	135 S LAVASIDE RD	BLACKFOOT	ID	USA	83221	
PRESIDENT	PAUL L HANSEN	135 S LAVASIDE RD	BLACKFOOT	ID	USA	83221	
5. Organized Under the Laws of:  <b>ID C 144212</b>		6. Annual Report must be signed.* Signature: Paul Hansen Name (type or print): Paul Hansen Date: 05/08/2015 Title: Manager					
Processed 05/08/2015		* Electronically provided signatures are accepted as original signatures.					