

No. C 192617		Due no later than Oct 31, 2018 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. JACOB CHRISTENSEN DMD PC JACOB L CHRISTENSEN 3799 FULLER RD EMMETT ID 83617 USA		JACOB CHRISTENSEN 3799 FULLER RD EMMETT ID 83617				
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	JAKE L CHRISTENSEN	3799 FULLER RD	EMMETT	ID	USA	83617		
5. Organized Under the Laws of: ID C 192617		6. Annual Report must be signed.* Signature: Jacob Christensen Name (type or print): Jacob Christensen						Date: 08/23/2018 Title: president
Processed 08/23/2018 * Electronically provided signatures are accepted as original signatures.								