

No. C 150297		Due no later than Aug 31, 2013		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. SIGNATURE DENTAL, PC MATTHEW L KOOYMAN 1500 W CAYUSE CREEK DR SUITE 100 MERIDIAN ID 83646-4795 USA		MATTHEW L KOOYMAN 5772 N ROTHMANS AVE 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	MATTHEW L KOOYMAN	1500 W CAYUSE CREEK DR SUITE 100	MERIDIAN	ID	USA	83646-4795			
5. Organized Under the Laws of: ID C 150297		6. Annual Report must be signed.* Signature: Matt Kooyman DDS Name (type or print): Matt Kooyman DDS				Date: 06/13/2013 Title: President			
Processed 06/13/2013		* Electronically provided signatures are accepted as original signatures.							