No. **C 196623**	**Due no later than Nov 30, 2017** **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.** LEGACY DENTAL SUPPORT GROUP INC. GEORGE LOFTUS 4049 E SKY HARBOR DR COEUR D ALENE ID 83814-7537 USA	GEORGE LOFTUS 4049 E SKY HARBOR DR COEUR D ALENE ID 83814-7537 3. New 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	GEORGE LOFTUS	4049 E SKY HARBOR DRIVE	COEUR D ALENE	ID	USA	83814-7537

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **C 196623**	Signature: George Loftus Name (type or print): George Loftus	Date: 12/17/2017 Title: President

Processed 12/17/2017

* Electronically provided signatures are accepted as original signatures.