| No. C 158144 | | Due no later than Jan 31, 2015 | 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 | | Annual Report Form 1. Mailing Address: Correct in this box if needed. W "BILL" LARSEN, DDS, INC W. BILL LARSEN 14 W 100 S O BOX 345 RACE ID 83241 | N W LARSEN 114 W 100 S GRACE 83241 3. New Registered Agent Signature:* | | | |
| 111011111111111111111111111111111111111 | | ddresses of President, Secretary, and Directors. Treasurer | (ontional) | | | |
| | me | Street or PO Address | City | State | Country | Postal Code |
| PRESIDENT NW | V BILL LARSEN | 114 W 100 S P O BOX 345 | GRACE | ID | USA | 83241 |
| 5. Organized Under the Laws of: ID C 158144 | | nnual Report must be signed.* ignature: Suzanne Hardy lame (type or print): Suzanne Hardy | Date: 11/19/2014 Title: office manager | | | |
| Processed 11/19/2014 | | | | | | |