

No. <b>C 152009</b>		<b>Due no later than Dec 31, 2012</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>  CASCADE FAMILY DENTISTRY, P.C. KURT J MARKUSON 839 S. MAIN STREET PO BOX 760 CASCADE ID 83611 USA		KURT J MARKUSON 839 S. MAIN STREET CASCADE ID 83611			
				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	KURT J MARKUSON	839 S. MAIN STREET	CASCADE	ID	USA	83611	
5. Organized Under the Laws of:  <b>ID C 152009</b>		6. Annual Report must be signed.* Signature: Kurt J Markuson Name (type or print): Kurt J Markuson Date: 12/13/2012 Title: Owner/Dentist					
Processed 12/13/2012		* Electronically provided signatures are accepted as original signatures.					