No. <b>C 139255</b>	Du	2. Registered Ag	2. Registered Agent and Address (NO PO BOX)				
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	Annual Report Form  1. Mailing Address: Correct in this box if needed.  ALEXANDER DENTAL GROUP, CHTD  CRISTINA MACHADO  506 HANSEN ST E  TWIN FALLS ID 83301		126 2ND AVE TWIN FALLS	J ROBERT ALEXANDER  126 2ND AVE N TWIN FALLS ID 83301  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE	pass Addresses of	President, Secretary, and Directors. Treasur	rer (ontional)				
Office Held Name	iess Addi esses of	Street or PO Address	City	State	Country	Postal Code	
PRESIDENT MARK R ALEXANDER 506 HANSEN STREET EAST		TWIN FALLS	ID	USA	83301		
5. Organized Under the Laws of:			D	ato: 03/10/	/2018		
ID C 139255	Name (type or print): Crisitna Machado			Date: 03/19/2018 Title: Office Manager			
Processed 03/19/2018	* Electronically provided signatures are accepted as original signatures.						