No. <b>C 150265</b>		Due no later than Aug 31, 2015		2. R	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		L	LAYNE HACKING			
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.		3.9	242 E MAIN ST REXBURG ID 83440			
		MADISON CLINIC DENTISTRY, P.C. LAYNE E HACKING 242 E MAIN ST REXBURG ID 83440 USA		H				
				3. <u>N</u>	3. <u>New</u> Registered Agent Signature:*			
4. Corporations: Enter	Names and Busine	ess Addresses of Pre	esident, Secretary, and Directors. Tre	easurer (optio	onal).			
Office Held	Name		Street or PO Address	Cit	ty	State	Country	Postal Code
PRESIDENT	LAYNE E HA	CKING	242 E MAIN ST	RE	XBURG	ID	USA	83440
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID C 150265		Signature: Raegan Orme			Date: 06/29/2015			
		Name (type or print): Raegan Orme			Title: Office Manager			
Processed 06/29/2015		* Electronically provided signatures are accepted as original signatures.						