

No. C 114764		Due no later than Apr 30, 2016		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. NORTH COLLEGE DENTAL, P.C. MARNI A PETERSON 1411 N FILLMORE ST STE 601 TWIN FALLS ID 83301 USA		MARK C LAMBERT DMD PC 1411 N FILLMORE #601 TWIN FALLS ID 83301			
				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	MARK C LAMBERT, DMD	1411 N. FILLMORE #601	TWIN FALLS	ID	USA	83301	
5. Organized Under the Laws of: ID C 114764		6. Annual Report must be signed.* Signature: Marni Peterson Name (type or print): Marni Peterson Date: 04/07/2016 Title: Office Manager					
Processed 04/07/2016		* Electronically provided signatures are accepted as original signatures.					