

No. C 150665		Due no later than Sep 30, 2017 Annual Report Form		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		1. Mailing Address: Correct in this box if needed. DR. DARRON H. KELLEY, D.D.S., P.C. DARRON H KELLEY 713 SOUTH 400 EAST SUITE 100 PRESTON ID 83263		DR DARRON H KELLEY 713 SOUTH 400 EAST SUITE 100 PRESTON ID 83263			
						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	
DIRECTOR	DARRON H KELLEY	713 SOUTH 400 EAST SUITE 100	PRESTON	ID	USA	83263	
SECRETARY	SARA C KELLEY	661 SOUTH OAKWOOD DR	PRESTON	ID	USA	83263	
5. Organized Under the Laws of: ID C 150665		6. Annual Report must be signed.* Signature: Darron Kelley Name (type or print): Darron Kelley					
		Date: 07/26/2017 Title: Director					
Processed 07/26/2017		* Electronically provided signatures are accepted as original signatures.					