

No. <b>C 212535</b>		<b>Due no later than Jan 31, 2018</b> <b>Annual Report Form</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>1. Mailing Address: Correct in this box if needed.</b>  FACIAL ORAL AND DENTAL IMPLANT SURGERY ASSOCIATES P.C. STEPHEN W HOLM 444 THAIN ROAD LEWISTON ID 83501		STEPHEN W HOLM 444 THAIN RD LEWISTON ID 83501			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				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	SHERDON CORDOVA	2351 BRAYTON ROAD		PULLMAN	WA	USA	99163
5. Organized Under the Laws of:  <b>ID</b> <b>C 212535</b>		6. Annual Report must be signed.*  Signature: Shelly Scott Name (type or print): Shelly Scott  Date: 12/03/2017 Title: Bookkeeper					
Processed 12/03/2017      * Electronically provided signatures are accepted as original signatures.							