

No. <b>C 195130</b>		<b>Due no later than Jun 30, 2016</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>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b>  SAGE CREEK DENTAL, P.C. DR GREG GODFREY 524 BUTTE DR TWIN FALLS ID 83301		DR GREG GODFREY 524 BUTTE DR 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	
DIRECTOR	GREG B GODFREY	1186 EASTLAND DR. N. STE. A	TWIN FALLS	ID	USA	83301	
SECRETARY	SHALET M GODFREY	524 BUTTE DR	TWIN FALLS	ID	USA	83301	
PRESIDENT	GREG B GODFREY	1186 EASTLAND DR. N. STE. A	TWIN FALLS	ID	USA	83301	
5. Organized Under the Laws of:  <b>ID</b> <b>C 195130</b>		6. Annual Report must be signed.*  Signature: Greg Godfrey Name (type or print): Greg Godfrey					
		Date: 04/27/2016 Title: President					
Processed 04/27/2016      * Electronically provided signatures are accepted as original signatures.							