

No. <b>C 156823</b>		<b>Due no later than Oct 31, 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>  ERROL K ORMOND DDS PA ERROL K ORMOND 1550 JUNIPER DR POCATELLO ID 83204-4908 USA		ERROL K ORMOND 1550 JUNIPER DR POCATELLO ID 83204-4908			
						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	ERROL K ORMOND	1550 JUNIPER DR	POCATELLO	ID	USA	83204-4908	
5. Organized Under the Laws of:  <b>ID</b> <b>C 156823</b>		6. Annual Report must be signed.*  Signature: Errol K. Ormond Name (type or print): Errol K. Ormond  Date: 12/07/2016 Title: President					
Processed 12/07/2016 * Electronically provided signatures are accepted as original signatures.							