

No. C 189778	Due no later than Jan 31, 2014 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. POTLATCH FAMILY DENTAL P.C. AMMON M PITT PO BOX 601 POTLATCH ID 83855 USA		AMMON PITT 225 6TH ST POTLATCH ID 83855			
			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	AMMON M PITT	2439 E WHITE AVE	MOSCOW	ID	USA	83843
5. Organized Under the Laws of: ID C 189778		6. Annual Report must be signed.* Signature: Ammon M. Pitt, DDS Name (type or print): Ammon M. Pitt, DDS Date: 01/14/2014 Title: President				
Processed 01/14/2014		* Electronically provided signatures are accepted as original signatures.				