

No. <b>C 193171</b>		<b>Due no later than Dec 31, 2017</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>  POWER COUNTY DENTAL CLINIC, PC GREGORY A MILLER PO BOX 189 AMERICAN FALLS ID 83211 USA		GREGORY A MILLER 245 JEFFERSON AMERICAN FALLS ID 83211			
						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	
SECRETARY	SANDY MILLER	245 JEFFERSON	AMERICAN FALLS	ID	USA	83211	
PRESIDENT	GREGORY A MILLER	P.O. BOX 189	AMERICAN FALLS	ID	USA	83211	
5. Organized Under the Laws of:  <b>ID</b> <b>C 193171</b>		6. Annual Report must be signed.*  Signature: GREGORY Name (type or print): GREGORY					
		Date: 11/06/2017 Title: PRESIDENT					
Processed 11/06/2017		* Electronically provided signatures are accepted as original signatures.					