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|---|--------------------|---|------------|--|---------|-------------|--|
| No. C 166246 | | Due no later than Apr 30, 2015 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 | | 1. Mailing Address: Correct in this box if needed. IDAHO ORAL & MAXILLOFACIAL SURGERY, P.C. TIMOTHY T HOPKINS 590 FALLS AVE TWIN FALLS ID 83301 USA | | TIMOTHY T HOPKINS 590 FALLS AVE TWIN FALLS 83301 | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | 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 | TIMOTHY T. HOPKINS | 590 FALLS AVE | TWIN FALLS | ID | USA | 83301 | |
| 5. Organized Under the Laws of: ID C 166246 | | 6. Annual Report must be signed.* Signature: Timothy Hopkinds Name (type or print): Timothy Hopkinds | | | | | |
| | | Date: 02/20/2015 Title: owner | | | | | |
| Processed 02/20/2015 * Electronically provided signatures are accepted as original signatures. | | | | | | | |