

No. C 194620		Due no later than May 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. TWIN FALLS S4K, P.C. TREVOR P SMITH DDS 2273 EASTBROOKE RD TWIN FALLS ID 83301-7301		TREVOR SMITH DDS 2273 EASTBROOKE RD 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	
SECRETARY	HEATHER MARCELLA SMITH	2273 EASTBROOKE RD	TWIN FALLS	ID	USA	83301-7301	
PRESIDENT	TREVOR PARKER SMITH	2273 EASTBROOKE RD	TWIN FALLS	ID	USA	83301	
5. Organized Under the Laws of: ID C 194620		6. Annual Report must be signed.* Signature: Trevor P Smith Name (type or print): Trevor P Smith					
		Date: 04/02/2014 Title: President					
Processed 04/02/2014		* Electronically provided signatures are accepted as original signatures.					