

No. C 189778	Due no later than Jan 31, 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 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 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
PRESIDENT	AMMON M PITT	2439 E WHITE AVE
City	State	Country
MOSCOW	ID	USA
Postal Code	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: 12/16/2014 Title: Owner/Dentist	
Processed 12/16/2014 * Electronically provided signatures are accepted as original signatures.		