No. C 129929		Due no later than Aug 31, 2015		2. Registered Ag	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			DENNIS J MICHAELSON 2959 NORTH BLISS DRIVE IDAHO FALLS ID 83418			
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.						
		DENNIS J. MICHAELSON, DMD, MS, P.A. DENNIS J. MICHAELSON 2959 NORTH BLISS DRIVE		IDAHO FALLS	IDANO FALLS ID 65416			
		IDAHO FALLS ID 83401		3. <u>New</u> Registere	3. New Registered Agent Signature:*			
		USA						
4. Corporations: Enter	Names and Busin	ess Addresses of Pr	esident, Secretary, and Directors. Treas	surer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
DIRECTOR	DENNIS J. 1	MICHAELSON	2959 NORTH BLISS DRIVE	IDAHO FALLS	ID	USA	83401	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID C 129929		Signature: Denr		Date: 07/28/2015				
		Name (type or p		Title: President				
Processed 07/28/2015	i	* Electronically pro	vided signatures are accepted as origina	al signatures.				