No. C 52051		Due no later than Sep 30, 2016			2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. WENDEL J. LEWIS, D.M.D., P.A. WENDEL J. LEWIS WENDEL J. LEWIS, D.M.D. 130 W MAIN		WENDEL J. LEWIS, D.M.D. 130 W MAIN REXBURG ID 83340 3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE		ess Addresses of President, Secretary, and Directors. Treasurer						
	vame	233 Addi C33C3 Of FTC3IdC	Street or PO Address	casarci	City	State	Country	Postal Code
	WENDEL J LEWIS SHARON B LEWIS		130 WEST MAIN 130 WEST MAIN		REXBURG REXBURG	ID ID	USA USA	83440 83440
5. Organized Under the Laws of: ID C 52051		6. Annual Report must be signed.* Signature: Wendel J. Lewis Name (type or print): Wendel J. Lewis			Date: 08/11/2016 Title: President			
Processed 08/11/2016								