

No. C 129929	Due no later than Aug 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. DENNIS J. MICHAELSON, DMD, MS, P.A. DENNIS J. MICHAELSON 2271 OVERLAND AVE STE 4 BURLEY ID 83318 USA	DENNIS J MICHAELSON 2271 OVERLAND AVE STE 4 BURLEY ID 83318	
		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
DIRECTOR	DENNIS J. MICHAELSON	2271 OVERLAND AVE STE 4	BURLEY ID USA 83318
5. Organized Under the Laws of: ID C 129929	6. Annual Report must be signed.* Signature: Dennis J. Michaelson Name (type or print): Dennis J. Michaelson		Date: 06/10/2014 Title: Director
Processed 06/10/2014		* Electronically provided signatures are accepted as original signatures.	