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|--|---------------------|---|-------------|--|---------|-------------|--|
| No. C 146259 | | Due no later than Nov 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 NO FILING FEE IF RECEIVED BY DUE DATE | | 1. Mailing Address: Correct in this box if needed. BRYCE A. BURTENSHAW, D.D.S., P.A. LISA M BURTENSHAW 1544 DELMAR CIRCLE IDAHO FALLS ID 83404 | | BRYCE A BURTENSHAW DDS 200 N WOODRUFF IDAHO FALLS ID 83401 | | | |
| | | | | 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 | |
| VICE PRESIDENT | LISA M BURTENSHAW | 1544 DEL MAR CIRCLE | IDAHO FALLS | ID | USA | 83404 | |
| PRESIDENT | BRYCE A. BURTENSHAW | 1544 DEL MAR CIRCLE | IDAHO FALLS | ID | USA | 83404 | |
| 5. Organized Under the Laws of: ID C 146259 | | 6. Annual Report must be signed.* Signature: Lisa Burtenshaw Name (type or print): Lisa Burtenshaw Date: 10/18/2016 Title: Vice-President | | | | | |
| Processed 10/18/2016 | | * Electronically provided signatures are accepted as original signatures. | | | | | |