

No. <b>C 70989</b>		<b>Due no later than Oct 31, 2015</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b>  BLAISDELL DENTAL CENTER, P.A. JOHN D. BLAISDELL, DDS 1916 ELLIS AVE CALDWELL ID 83605 USA		JOHN D. BLAISDELL, DDS 1916 ELLIS AVE CALDWELL ID 83605			
						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	
PRESIDENT	JOHN D. BLAISDELL, DDS	1916 ELLIS AVE.	CALDWELL	ID	USA	83605-4811	
SECRETARY	JOHN D. BLAISDELL, DDS	1916 ELLIS AVE.	CALDWELL	ID	USA	83605-4811	
TREASURER	JOHN D. BLAISDELL, DDS	1916 ELLIS AVE	CALDWELL	ID	USA	83605-4811	
5. Organized Under the Laws of:  <b>ID</b> <b>C 70989</b>		6. Annual Report must be signed.*  Signature: John D Blaisdell, DDS Name (type or print): John D Blaisdell, DDS					
		Date: 08/17/2015 Title: President					
Processed 08/17/2015      * Electronically provided signatures are accepted as original signatures.							