

No. C 144852	Due no later than Jul 31, 2017 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. ANDREW W. SUMMERS DDS, MS, P.C. ANDREW W SUMMERS 374 E 4TH N REXBURG ID 83440		ANDREW W SUMMERS 374 E 4TH N REXBURG ID 83440			
			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	ANDREW W SUMMERS	374 E 4TH N	REXBURG	ID	USA	83440
SECRETARY	DINA SUMMERS	374 E 4TH N	REXBURG	ID	USA	83440
5. Organized Under the Laws of: ID C 144852	6. Annual Report must be signed.* Signature: Dina Summers Name (type or print): Dina Summers		Date: 06/02/2017 Title: Secretary			
Processed 06/02/2017		* Electronically provided signatures are accepted as original signatures.				