No. <b>C 58351</b>		Due no later than May 31, 2014 Annual Report Form  1. Mailing Address: Correct in this box if needed.  VERNON O. GAFFNER, D.M.D., P.A.  VERNON O GAFFNER  333 S. WOODRUFF AVENUE  IDAHO FALLS ID 83401-4322  USA			2. Registered Agent and Address (NO PO BOX)				
Return to:				WINSTON V BEARD					
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  NO FILING FEE IF RECEIVED BY DUE DATE					2105 CORONADO IDAHO FALLS ID 83404-4322  3. New Registered Agent Signature:*				
4. Corporations: Enter Nar	mes and Busin	ess Addresses of P	resident, Secretary, and Directors. Trea	surer (	optional).				
Office Held	Name		Street or PO Address		City	State	Country	Postal Code	
DIRECTOR CAROLINN GA		AFFNER	333 S. WOODRUFF AVENUE		IDAHO FALLS	ID	USA	83401-4322	
DIRECTOR VERNON O			333 S. WOODRUFF AVENUE		IDAHO FALLS	ID	USA	83401-4322	
SECRETARY CAROLINN G			333 S. WOODRUFF AVENUE		IDAHO FALLS	ID	USA	83401-4322	
PRESIDENT	VERNON O	GAFFNER	333 S. WOODRUFF AVENUE		IDAHO FALLS	ID	USA	83401-4322	
5. Organized Under the Laws of:		6. Annual Report must be signed.*							
ID C 58351		Signature: Carolinn Gaffner				Date: 05/23/2014			
		Name (type or print): Carolinn Gaffner				Title: Secretary			
Processed 05/23/2014 * Electronically provided signatures are accepted as original signatures.									