No. <b>C 182311</b>		Due no later than Mar 31, 2018		2. Registered Agent and Address (NO PO BOX)			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	Annual Report Form  1. Mailing Address: Correct in this box if needed.  CLOVER CREEK DENTAL, P.C.  NANCY C MCLAUGHLIN  1836 S 1800 E  GOODING ID 83330		1836 S 1800 GOODING II	JOHN L MCLAUGHLIN  1836 S 1800 E  GOODING ID 83330  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE							
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	
SECRETARY NANCY C PRESIDENT JOHN L M	MCLAUGHLIN CLAUGHLIN	1836 S 1800 E 1836 S 1800 E	GOODING GOODING	ID ID	USA USA	83330 83330	
5. Organized Under the Laws of: 6. Annual Repo		must be signed.*					
<b>ID</b> Signatu		ature: JOHN MCLAUGHLIN Date: 02/27/2018					
C 182311	Name (type or )	Name (type or print): JOHN MCLAUGHLIN		Title: DR.			
Processed 02/27/2018	* Electronically provided signatures are accepted as original signatures.						