

No. C 120214		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. TIMES SQUARE DENTAL, P.A. JON HASTINGS 1529 S TIMES SQUARE CT #100 BOISE ID 83709		PEGGY HASTINGS 1529 S TIMES SQUARE CT BOISE ID 83709			
						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	
SECRETARY	PEGGY H HASTINGS	11577 W. ONEIDA	BOISE	ID	USA	83709	
PRESIDENT	JON R. HASTINGS	11577 W. ONEIDA	BOISE	ID	USA	83709	
5. Organized Under the Laws of: ID C 120214		6. Annual Report must be signed.* Signature: Peggy Hastings Name (type or print): Peggy Hastings					
		Date: 05/18/2017 Title: Secretary					
Processed 05/18/2017		* Electronically provided signatures are accepted as original signatures.					