

| | | | | | | |
|--|------------------|--|-------|--|---------|-------------|
| No. C 120214 | | Due no later than Jul 31, 2017 | | 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 | | Annual Report Form 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. | | | | |