

No. <b>C 152400</b>		<b>Due no later than Dec 31, 2017</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b>  WILLIAM S. SCHOLES, DDS, P.C. WILLIAM S SCHOLES 1223 S MAPLE GROVE RD BOISE ID 83709-1608 USA		WILLIAM S SCHOLES 2634 S. GARIBALDI AVE MERIDIAN ID 83642			
						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	LINDA SCHOLES	2634 S. GARIBALDI AVE	MERIDIAN	ID	USA	83642	
PRESIDENT	WILLIAM S SCHOLES	2634 S. GARIBALDI AVE	MERIDIAN	ID	USA	83642	
5. Organized Under the Laws of:  <b>ID</b> <b>C 152400</b>		6. Annual Report must be signed.*  Signature: William Scholes Name (type or print): William Scholes					
		Date: 11/01/2017 Title: President					
Processed 11/01/2017		* Electronically provided signatures are accepted as original signatures.					