

No. C 153280	Due no later than Feb 28, 2014 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.		KIM SMITH 115 E CHAPEL RD POCATELLO ID 83201			
	FOUR SEASON DENTAL, P.C. KIM SMITH 115 E CHAPEL RD POCATELLO ID 83201 USA		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
PRESIDENT	KIM SMITH	115 E. CHAPEL RD.	POCATELLO	ID	USA	83201
5. Organized Under the Laws of: ID C 153280		6. Annual Report must be signed.* Signature: R. Kim Smith DDS Name (type or print): R. Kim Smith DDS		Date: 02/03/2014 Title: Owner		
Processed 02/03/2014		* Electronically provided signatures are accepted as original signatures.				