

No. C 194620		Due no later than May 31, 2016		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. TWIN FALLS S4K, P.C. TREVOR P SMITH DDS 2370 CANDLERIDGE DR TWIN FALLS ID 83301		TREVOR SMITH DDS 2370 CANDLERIDGE DR TWIN FALLS ID 83301			
				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	HEATHER MARCELLA SMITH	2370 CANDLERIDGE DR	TWIN FALLS	ID	USA	83301-5121	
PRESIDENT	TREVOR PARKER SMITH	2370 CANDLERIDGE DR	TWIN FALLS	ID	USA	83301-5121	
5. Organized Under the Laws of: ID C 194620		6. Annual Report must be signed.* Signature: Trevor P Smith Name (type or print): Trevor P Smith					
Date: 03/28/2016 Title: President							
Processed 03/28/2016		* Electronically provided signatures are accepted as original signatures.					