

No. <b>C 169903</b>		<b>Due no later than Nov 30, 2014</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>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b>  SNAKE RIVER DENTAL, INC. JAMES H MOORE 925 2ND AVE N PAYETTE ID 83661		JAMES MOORE 925 2ND AVE N PAYETTE 83661			
				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	
TREASURER	TIJON MOORE	925 2ND AVE NORTH 8630 SHANNON RD.	PAYETTE	ID	USA	83661	
PRESIDENT	JAMES H. MOORE	925 2ND AVE NORTH 8630 SHANNON RD.	PAYETTE	ID	USA	83661	
SECRETARY	TIJON MOORE	925 2ND AVE NORTH 8630 SHANNON RD.	PAYETTE	ID	USA	83661	
5. Organized Under the Laws of:  <b>ID C 169903</b>		6. Annual Report must be signed.* Signature: James H Moore Name (type or print): James H Moore  Date: 11/24/2014 Title: President					
Processed 11/24/2014		* Electronically provided signatures are accepted as original signatures.					