

No. C 214838	Due no later than Aug 31, 2018 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. RELIANCE DENTAL, INC. NATHAN SOPER 3143 E 12 N IDAHO FALLS ID 83402	NATHAN SOPER 3143 E 12 N IDAHO FALLS ID 83402
		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
PRESIDENT	NATHAN SOPER	3143 E 12 N
City	State	Country
IDAHO FALLS	ID	USA
Postal Code	83402	
5. Organized Under the Laws of: ID C 214838	6. Annual Report must be signed.* Signature: Brandi Loeb Name (type or print): Brandi Loeb Date: 06/19/2018 Title: Acct Assistant	
Processed 06/19/2018 * Electronically provided signatures are accepted as original signatures.		