

No. C 24568		Due no later than Sep 30, 2015		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		LINDA SWANSTROM 1220 WEST HAYS BOISE ID 83702		
		1. Mailing Address: Correct in this box if needed.		3. <u>New</u> Registered Agent Signature:*		
		IDAHO STATE DENTAL ASSOCIATION LINDA SWANSTROM 1220 WEST HAYS BOISE ID 83702 USA				
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
DIRECTOR	MICHAEL ELISON	1630 ELK CREEK DR	IDAHO FALLS	ID	USA	83404
DIRECTOR	LYNN GURNEY	1000 N CURTIS RD, STE 203	BOISE	ID	USA	83706
DIRECTOR	STEVE GARN	2200 PARK AVE, STE 2	BURLEY	ID	USA	83318
DIRECTOR	KORY J WILSON	1683 E MILES AVE	HAYDEN	ID	USA	83835
TREASURER	S JOHN STALEY	1029 E. PARK BLVE., STE 100	BOISE	ID	USA	83712
SECRETARY	S JOHN STALEY	1029 E. PARK BLVE., STE 100	BOISE	ID	USA	83712
DIRECTOR	MARK W SHEPPARD	77 SOUTHWAY AVE STE A	LEWISTON	ID	USA	83501
DIRECTOR	R KIM SMITH	115 E CHAPEL RD	POCATELLO	ID	USA	83201
DIRECTOR	SCOTT ALEXANDER	202 N STRAUGHAN AVE	BOISE	ID	USA	83712
DIRECTOR	KIM KELLER	607 2ND ST S	NAMPA	ID	USA	83651
VICE PRESIDENT	BRIAN CRAWFORD	465 MEMORIAL DRIVE, BOX 8088	POCATELLO	ID	USA	83209
PRESIDENT	JOHN HISEL	10162 W FAIRVIEW AVE	BOISE	ID	USA	83704
5. Organized Under the Laws of: ID C 24568		6. Annual Report must be signed.* Signature: Margaret Tijerino Name (type or print): Margaret Tijerino		Date: 08/19/2015 Title: Accountant		
Processed 08/19/2015		* Electronically provided signatures are accepted as original signatures.				