

No. <b>C 126780</b>		<b>Due no later than Dec 31, 2013</b> <b>Annual Report Form</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>1. Mailing Address: Correct in this box if needed.</b>  PREMIER DENTAL CARE, P.C. THOMAS T ANDERSON 2685 CHANNING WAY IDAHO FALLS ID 83404 USA		THOMAS T. ANDERSON 2685 CHANNING WAY IDAHO FALLS ID 83404			
						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	THOMAS T ANDERSON	2685 CHANNING WAY	IDAHO FALLS	ID	USA	83404	
5. Organized Under the Laws of:  <b>ID</b> <b>C 126780</b>		6. Annual Report must be signed.*  Signature: Thomas T Anderson Name (type or print): Thomas T Anderson					
		Date: 10/24/2013 Title: President					
Processed 10/24/2013      * Electronically provided signatures are accepted as original signatures.							