

No. C 144212		Due no later than Jun 30, 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. PAUL LLOYD HANSEN, DDS, PA PAUL L HANSEN PO BOX 458 625 W BRIDGE ST BLACKFOOT ID 83221		PAUL HANSEN 625 W BRIDGE ST BLACKFOOT ID 83221			
						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	KRISTEN T HANSEN	135 S LAVASIDE RD	BLACKFOOT	ID	USA	83221	
PRESIDENT	PAUL L HANSEN	135 S LAVASIDE RD	BLACKFOOT	ID	USA	83221	
5. Organized Under the Laws of: ID C 144212		6. Annual Report must be signed.* Signature: Paul Hansen Name (type or print): Paul Hansen					
Processed 07/20/2018		* Electronically provided signatures are accepted as original signatures. Date: 07/20/2018 Title: Manager					