

| | | | | | | | |
|--|---------------------|---|--------|--|---------|------------------|--|
| No. C 205030 | | Due no later than Feb 29, 2016 | | 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. BOISE CARING DENTISTRY, PC VERONICA MONTGOMERY 5360 N EAGLE RD STE 101 BOISE ID 83713 | | VERONICA MONTGOMERY 5360 N EAGLE RD STE 101 BOISE ID 83713 | | | |
| | | | | 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 | VERONICA MONTGOMERY | 5360 N EAGLE RD ST 101 | BOISE, | ID | USA | 83713 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | |
| ID C 205030 | | Signature: Veronica Montgomery | | | | Date: 12/31/2015 | |
| | | Name (type or print): Veronica Montgomery | | | | Title: President | |
| Processed 12/31/2015 | | * Electronically provided signatures are accepted as original signatures. | | | | | |