No. C 190904		ie no later than Apr 30, 2017	2. Registered Ag	2. Registered Agent and Address (NO PO BOX)			
Return to:	Annual Report Form		ESTHER MACHEN 3500 POTOMAC WAY STE 200 IDAHO FALLS ID 83404				
SECRETARY OF STATE	1. Mailing Address: Correct in this box if needed.						
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	MACHEN FAMILY DENTISTRY P.C. ESTHER MACHEN 3500 POTOMAC WAY STE 200						
	IDAHO FALLS ID 83404		3. <u>New</u> Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE							
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 ESTHER B MACHEN		3500 POTOMAC WAY STE 200	IDAHO FALLS	ID	USA	83404	
5. Organized Under the Laws of: 6. Annual Report must be signed.*		t must be signed.*					
ID	Signature: Laura Lacy		Date: 03/03/2017				
C 190904	Name (type or print): Laura Lacy		Title: Accounting				
Processed 03/03/2017	* Electronically p	* Electronically provided signatures are accepted as original signatures.					