

No. C 185490		Due no later than Dec 31, 2015 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		1. Mailing Address: Correct in this box if needed. MARLOWE PEDIATRIC DENTISTRY, P.A. MARK MARLOWE 3365 S HOLMES AVE IDAHO FALLS ID 83404		MARK MARLOWE 3365 S HOLMES AVE IDAHO FALLS ID 83404			
NO FILING FEE IF RECEIVED BY DUE DATE				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	MARK MARLOWE	3835 TAYLORVIEW LANE	AMMON	ID	USA	83406	
5. Organized Under the Laws of: ID C 185490		6. Annual Report must be signed.* Signature: Mark Marlowe Name (type or print): Mark Marlowe					
		Date: 10/19/2015 Title: President					
Processed 10/19/2015 * Electronically provided signatures are accepted as original signatures.							