

No. C 154597		Due no later than May 31, 2014 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. KOOTENAI FAMILY DENTAL, P.A. MARC WALLACE 2370 N. MERRITT CREEK LOOP, #1 COEUR D'ALENE ID 83814 USA		MARC WALLACE 2307 N. MERRITT CREEK LOOP SUITE 1 COEUR D'ALENE ID 83814			
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	ROBERT L WILDER	1420 LINCOLN WAY STE 200	COEUR D'ALENE	ID	USA	83814	
5. Organized Under the Laws of: ID C 154597		6. Annual Report must be signed.* Signature: Marc E. Wallace Name (type or print): Marc E. Wallace					
		Date: 07/16/2014 Title: Registered Agent					
Processed 07/16/2014 * Electronically provided signatures are accepted as original signatures.							