

No. C 183522		Due no later than Jun 30, 2014		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. ACHIEVE DENTAL ASSISTANT SCHOOL, INC. SHAUN C CHRISTENSEN 155 S. MIDLAND BLVD. NAMPA ID 83686		SHAUN CHRISTENSEN 155 S MIDLAND BLVD NAMPA ID 83686			
				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	SHAUN C CHRISTENSEN	155 S. MIDLAND BLVD.	NAMPA	ID	USA	83686	
DIRECTOR	TRAVIS FREDERICKSON	701 LAKE LOWELL	NAMPA	ID	USA	83686	
5. Organized Under the Laws of: ID C 183522		6. Annual Report must be signed.* Signature: Shaun Christensen Name (type or print): Shaun Christensen Date: 04/24/2014 Title: President					
Processed 04/24/2014		* Electronically provided signatures are accepted as original signatures.					