

No. C 140868	Due no later than Oct 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. COEUR D'ALENE DENTAL ARTS, INC. JODY WILSON 1500 NORTHWEST BLVD #200 COEUR D ALENE ID 83814		JODY R WILSON 1500 NORTHWEST BLVD #200 COEUR D'ALENE ID 83814			
			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
SECRETARY	JODY WILSON	1500 NORTHWEST BLVD. #200	COEUR D ALENE	ID	USA	83814
5. Organized Under the Laws of: ID C 140868	6. Annual Report must be signed.* Signature: Jody Wilson Name (type or print): Jody Wilson		Date: 08/19/2014 Title: Secretary			
Processed 08/19/2014		* Electronically provided signatures are accepted as original signatures.				