No. C 200043		Due no later than Oct 31, 2018		2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			JIM R NEERINGS 235 E. WALLACE AVE DRIGGS ID 83422			
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.						
		NEERINGS DENTAL, INC. JIM R NEERINGS 235 E WALLACE, AVE PO BOX 791 DRIGGS ID 83422		Dittees 15	5.3555 12 35 122			
				3. <u>New</u> Regist	3. New Registered Agent Signature:*			
4. Corporations: Enter Na	mes and Busin	ess Addresses of F	President, Secretary, and Directors. Trea	asurer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
SECRETARY PRESIDENT	KIMBERLY A JIM REED N	LTA NEERINGS IEERINGS	PO BOX 791 PO	DRIGGS DRIGGS	ID ID	USA USA	83422 83422	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID C 200043		Signature: Kim		Date: 09/11/2018				
		Name (type or		Title: Co owner				
Processed 09/11/2018		* Electronically provided signatures are accepted as original signatures.						