

No. <b>C 189065</b>		<b>Due no later than Nov 30, 2016</b>		<b>2. Registered Agent and Address (NO PO BOX)</b>	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b>  MICHAEL COLES DMD, PC MICHAEL J COLES, DMD PO BOX 1347 PRIEST RIVER ID 83856 USA		MICHAEL J COLES DMD 6509 HWY 2 STE 102 PRIEST RIVER ID 83856	
				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	MICHAEL J COLES	6509 HWY 2 STE 102 PO BOX 1347	PRIEST RIVER	ID	USA 83856
5. Organized Under the Laws of:  <b>ID C 189065</b>		6. Annual Report must be signed.* Signature: michael coles Name (type or print): michael coles Date: 09/27/2016 Title: president			
Processed 09/27/2016		* Electronically provided signatures are accepted as original signatures.			