

No. <b>C 120214</b>	<b>Due no later than Jul 31, 2014</b> <b>Annual Report Form</b>		2. Registered Agent and Address <b>(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>1. Mailing Address: Correct in this box if needed.</b> TIMES SQUARE DENTAL, P.A. JON HASTINGS 1529 S TIMES SQUARE CT #100 BOISE ID 83709		JON HASTINGS 1529 S TIMES SQUARE CT BOISE ID 83709			
			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	PEGGY H HASTINGS	11577 W. ONEIDA	BOISE	ID	USA	83709
PRESIDENT	JON R. HASTINGS	11577 W. ONEIDA	BOISE	ID	USA	83709
5. Organized Under the Laws of:  <b>ID C 120214</b>	6. Annual Report must be signed.* Signature: Peggy Hastings Name (type or print): Peggy Hastings		Date: 06/10/2014 Title: Secretary			
Processed 06/10/2014		* Electronically provided signatures are accepted as original signatures.				