

|  |                     |  |        |   |         |             |  |
|--|---------------------|--|--------|---|---------|-------------|--|
| No. <b>C 126633</b>  |                     | <b>Due no later than Dec 31, 2016</b>  |        | 2. Registered Agent and Address <b>(NO PO BOX)</b>                  |         |             |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                     | <b>1. Mailing Address: Correct in this box if needed.</b><br>JEFFREY SOWLE, D.D.S., P.A.<br>DEB L KLATT<br>PO BOX 160<br>KENDRICK ID 83537-0194<br>USA |        | JEFFREY SOWLE, D.D.S., P.A.<br>601 E MAIN<br>KENDRICK ID 83537-0160 |         |             |  |
|  |                     |  |        | 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  | KATHRINE M SOWLE    | 901 E B STREET   | MOSCOW | ID  | USA     | 83843       |  |
| PRESIDENT  | JEFFREY F SOWLE DDS | 901 E B ST   | MOSCOW | ID  | USA     | 83843-0160  |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>C 126633</b>  |                     | 6. Annual Report must be signed.*<br>Signature: Debra I Klatt<br>Name (type or print): Debra I Klatt<br>Date: 11/03/2016<br>Title: Office Manager      |        |   |         |             |  |
| Processed 11/03/2016   |                     | * Electronically provided signatures are accepted as original signatures.  |        |   |         |             |  |