

No. <b>C 126633</b>	<b>Due no later than Dec 31, 2016</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>		JEFFREY SOWLE, D.D.S., P.A. 601 E MAIN KENDRICK ID 83537-0160			
	JEFFREY SOWLE, D.D.S., P.A. DEB L KLATT PO BOX 160 KENDRICK ID 83537-0194 USA		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:  <b>ID</b> <b>C 126633</b>	6. Annual Report must be signed.*					
		Signature: Debra I Klatt	Date: 11/03/2016			
		Name (type or print): Debra I Klatt	Title: Office Manager			
Processed 11/03/2016		* Electronically provided signatures are accepted as original signatures.				