

No. C 139289		Due no later than Jun 30, 2016 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: 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. WESTWIND DENTAL P.A. ROBERT ELLIS 143 1/2 E MAIN RIGBY ID 83442-1417		ROBERT ELLIS 143 1/2 E MAIN RIGBY ID 83442-1417			
						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	ROBERT L ELLIS	143 1/2 E MAIN	RIGBY	ID	USA	83442-1417	
SECRETARY	MARCI ANN ANDERSEN	143 1/2 E MAIN	RIGBY	ID	USA	83442-1417	
5. Organized Under the Laws of: ID C 139289		6. Annual Report must be signed.* Signature: Marci Andersen Name (type or print): Marci Andersen Date: 04/27/2016 Title: Secretary					
Processed 04/27/2016		* Electronically provided signatures are accepted as original signatures.					