No. C 179262		THE SECRET PROJECT OF THE PROJECT OF		2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. MICHAEL SHIPP, DMD, P.A. MICHAEL SHIPP, DMD 6085 N. EAGLE ROAD BOISE ID 83713		6085 N EAC BOISE ID	ROBERT F THOMAS 6085 N EAGLE RD BOISE ID 83713 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE 4. Corporations: Enter Names and Rusing		less Addresses of	President, Secretary, and Directors. Tre-	asurer (ontional)				
Office Held	Name	1000 / 1001 00000 01	Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	MICHAEL SH	HIPP, DMD	6085 N. EAGLE ROAD	BOISE	ID	USA	83713	
5. Organized Under the Laws of:		6. Annual Repor						
ID C 179262		Signature: michael shipp			Date: 06/04/2018			
		Name (type o		Title: president				
Processed 06/04/2018	* Electronically provided signatures are accepted as original signatures.							