No. <b>C 167274</b>		Due no later than Jun 30, 2014			2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		JUNELL WILLIAMS				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  JT DENTAL ARTS INC  JUNELL WILLIAMS  34 E MAIN ST  ST ANTHONY ID 83445			34 E MAIN ST ST ANTHONY ID 83445  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Corporations: Enter Nan	nes and Busir	ess Addresses of I	President, Secretary, and Directors. Tre	asurer (d	optional).			
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
PRESIDENT JASON THO		MASON	945 COUNTRY RD		SUGAR CITY	ID	USA	83448
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Jason Thomason			Date: 06/30/2014			
C 167274		Name (type or print): Jason Thomason			Title: President			
Processed 06/30/2014 * Electronically provided signatures are accepted as original signatures.								