

No. C 132108		Due no later than Jan 31, 2018		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. MCRAE DENTAL P.A. LON C MCRAE, D.M.D. 1067 S. WELLS ST. MERIDIAN ID 83642		LON C MCRAE D.M.D. 1067 S. WELLS ST. MERIDIAN ID 83642			
				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	LON C. MCRAE	1067 S. WELLS ST	MERIDIAN	ID	USA	83642	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID C 132108		Signature: LON C MCRAE				Date: 11/27/2017	
		Name (type or print): LON C MCRAE				Title: oWNER	
Processed 11/27/2017		* Electronically provided signatures are accepted as original signatures.					