

No. C 179842		Due no later than Aug 31, 2016		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. WOOD RIVER DENTAL CARE, PC WOOD RIVER DENTAL CARE 503 N MAIN ST HAILEY ID 83333 USA		JARED HILL 503 N MAIN ST HAILEY ID 83333-8333			
				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	JARED HILL	503 N. MAIN ST.	HAILEY	ID	USA	83713	
5. Organized Under the Laws of: ID C 179842		6. Annual Report must be signed.* Signature: Janie Swanson Name (type or print): Janie Swanson Date: 09/19/2016 Title: manager					
Processed 09/19/2016		* Electronically provided signatures are accepted as original signatures.					