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|--|---------------|---|-------|---|---------|-------------|--|
| No. C 178820 | | Due no later than Jun 30, 2017 | | 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 | | SHANNON LOVE 3209 W BAVARIA ST EAGLE ID 83616 | | | |
| | | 1. Mailing Address: Correct in this box if needed. | | 3. <u>New</u> Registered Agent Signature:* | | | |
| | | CASTLEBURY DENTAL I, P.C. CASTLEBURY DENTAL 3209 W BAVARIA ST EAGLE ID 83616 | | | | | |
| 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 | |
| SECRETARY | REBECCA BROWN | 3209 W. BAVARIA ST | EAGLE | ID | USA | 83616 | |
| PRESIDENT | JACOB BROWN | 3209 W. BAVARIA ST | EAGLE | ID | USA | 83616 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | |
| ID C 178820 | | Signature: Shannon Love | | Date: 05/15/2017 | | | |
| | | Name (type or print): Shannon Love | | Title: Practice Manager | | | |
| Processed 05/15/2017 | | * Electronically provided signatures are accepted as original signatures. | | | | | |