

No. C 167701		Due no later than Jun 30, 2015		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. COTTONWOOD DENTAL CARE PA STUART D MARSHALL 180 S MAIN ST STE B2 DRIGGS ID 83422		STUART MARSHALL 180 S MAIN ST STE B2 DRIGGS ID 83422			
				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	
SECRETARY	CAMILLE E MARSHALL	180 S MAIN STE B2	DRIGGS	ID	USA	83422	
PRESIDENT	STUART D MARSHALL	180 S MAIN STE B2	DRIGGS	ID	USA	83422	
5. Organized Under the Laws of: ID C 167701		6. Annual Report must be signed.* Signature: Stuart Marshall Name (type or print): Stuart Marshall					
Date: 04/27/2015 Title: President							
Processed 04/27/2015		* Electronically provided signatures are accepted as original signatures.					