

No. C 156910	Due no later than Oct 31, 2012 Annual Report Form		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	1. Mailing Address: Correct in this box if needed. BOISE DENTAL SPECIALISTS SUBDIVISION PROPERTY OWNERS' ASSOCIATION, INC. SCOTT FREEMAN 6363 EMERALD ST BOISE ID 83704 USA		SCOTT FREEMAN DMD 6363 EMERALD ST BOISE ID 83704			
			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
TREASURER	SCOTT FREEMAN	(6363 EMERALD	BOISE	ID	USA	83704
5. Organized Under the Laws of: ID C 156910	6. Annual Report must be signed.* Signature: Scott Freemam Name (type or print): Scott Freemam		Date: 09/25/2012 Title: Owner			
Processed 09/25/2012		* Electronically provided signatures are accepted as original signatures.				