No. C 185765		Due no later than Jan 31, 2017		2. Registered Age	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. IDAHO DENTIST'S INSURANCE AGENCY, INC. LINDA P SWANSTROM 1220 W HAYS ST BOISE ID 83702		1220 W HAYS S BOISE ID 837	LINDA P SWANSTROM 1220 W HAYS ST BOISE ID 83702 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
2000 000 00		ess Addresses of Pre	sident, Secretary, and Directors. Treasur					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
SECRETARY PRESIDENT	THOMAS R DUSTON F	SMART CONNAUGHTON	1717 LINCOLN WAY STE 204 7301 W EMERALD ST STE 102	COEUR D ALENE BOISE	ID ID	USA USA	83814 83704	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Linda P Swanstrom		Date: 01/11/2017				
C 185765		Name (type or print): Linda P Swanstrom		Title:	Title: Executive Director			
Processed 01/11/2017		* Electronically provi	ded signatures are accepted as original s	signatures.				