No. C 111517		Due no later than Jul 31, 2018			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. EAGLE RIVERSHORE DENTAL, P.A. GREG DAVIS 467 S RIVERSHORE LANE EAGLE ID 83616		467	GREG DAVIS 467 S RIVERSHORE LN EAGLE ID 83616 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>Ive</u>				
4. Corporations: Enter Na	ames and Busin	ess Addresses o	f President, Secretary, and Directors. Treasi	urer (option	al).			
Office Held	Name		Street or PO Address	City		State	Country	Postal Code
SECRETARY PRESIDENT	TERESA L [GREG R DA		467 S RIVERSHORE LANE 467 S. RIVERSHORE LANE	EAGI EAGI		ID ID	USA USA	83616 83616
5. Organized Under the Laws of:			ort must be signed.*					
ID C 111517		Signature: Greg R. Davis Name (type or print): Greg R. Davis			Date: 06/06/2018 Title: President			
Processed 06/06/2018 * Electronically provided signatures are accepted as original signatures.								