

No. C 185765		Due no later than Jan 31, 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		TAMI HAYS 1220 W HAYS ST BOISE 83702			
		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 USA		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	CODY HAAS	1639 23RD AVE	LEWISTON	ID	USA	83501	
PRESIDENT	JACK H LINCKS	140 E. BOISE AVE	BOISE	ID	USA	83706	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID C 185765		Signature: Linda P Swanstrom			Date: 01/28/2015		
		Name (type or print): Linda P Swanstrom			Title: Executive Director		
Processed 01/28/2015		* Electronically provided signatures are accepted as original signatures.					