

No. C 176458		Due no later than Dec 31, 2013 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		1. Mailing Address: Correct in this box if needed. MOUNTAIN VIEW DENTAL CLINIC PROFESSIONAL CORPORATION HEIDI Y. WALKER 390 SOUTH 3RD WEST SODA SPRINGS ID 83276 USA		JERRY H WALKER 390 SOUTH 3RD WEST SODA SPRINGS ID 83276			
NO FILING FEE IF RECEIVED BY DUE DATE				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
PRESIDENT	JERRY H WALKER	390 SOUTH 3RD WEST		SODA SPRINGS	ID	USA	83276
5. Organized Under the Laws of: ID C 176458		6. Annual Report must be signed.* Signature: Heidi Walker Name (type or print): Heidi Walker Date: 10/31/2013 Title: President					
Processed 10/31/2013 * Electronically provided signatures are accepted as original signatures.							