No. C 156910 Return to:	Due no later than Oct 31, 2014 Annual Report Form	Registered Agent and Address (NO PO BOX) SCOTT FREEMAN DMD					
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	L. 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	6363 EMERALD ST BOISE ID 83704 3. New Registered Agent Signature:*					
4. Corporations: Enter Names and Bu	siness Addresses of President, Secretary, and Directors. Treasurer	(optional).					
Office Held Name	Street or PO Address	City	State	Country	Postal Code		
TREASURER SCOTT F	REEMAN (6363 EMERALD	BOISE	ID	USA	83704		
5. Organized Under the Laws of:	6. Annual Report must be signed.* Signature: Scott Freeman	Date: 08/27/2014					
C 156910	C 156910 Name (type or print): Scott Freeman			Title: Treasurer			
Processed 08/27/2014	* Electronically provided signatures are accepted as original signatures.						