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| No. C 145473 | Due no later than Sep 30, 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 NO FILING FEE IF RECEIVED BY DUE DATE | 1. Mailing Address: Correct in this box if needed. TODD MICHAEL HOUSE, D.M.D., P.A. TODD M. HOUSE 1305 HWY 2 W, BLDG A, SUITE A SANDPOINT ID 83864 USA | | TODD M HOUSE DMD 2950 W ONTARIO ST SANDPOINT ID 83864 | | | |
| | | | 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 | TODD M. HOUSE | 2950 W ONTARIO ST | SANDPOINT | ID | USA | 83864 |
| 5. Organized Under the Laws of: ID C 145473 | | 6. Annual Report must be signed.* Signature: Todd M. House Name (type or print): Todd M. House | | Date: 09/05/2013 Title: President | | |
| Processed 09/05/2013 | | * Electronically provided signatures are accepted as original signatures. | | | | |