

No. C 126637		Due no later than Dec 31, 2015 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. GENTLE FAMILY DENTISTRY, P.C. LYNN WENTZ PO BOX 748 1265 RIVERSIDE AVE OROFINO ID 83544-0748		LYNN WENTZ 1265 RIVERSIDE AVE OROFINO ID 83544-0748			
						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	LYNN C WENTZ	PO BOX 748	OROFINO	ID	USA	83544	
SECRETARY	MICHAEL B MILLER	PO BOX 748	OROFINO	ID	USA	83544	
5. Organized Under the Laws of: ID C 126637		6. Annual Report must be signed.* Signature: Lexi Maetche Name (type or print): Lexi Maetche					
Processed 01/15/2016		Date: 01/15/2016 Title: Operations manager * Electronically provided signatures are accepted as original signatures.					