

No. C 126637		Due no later than Dec 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		LYNN WENTZ 1265 RIVERSIDE AVE OROFINO ID 83544-0748			
		1. Mailing Address: Correct in this box if needed.		3. <u>New</u> Registered Agent Signature:*			
		GENTLE FAMILY DENTISTRY, P.C. LYNN WENTZ PO BOX 748 1265 RIVERSIDE AVE OROFINO ID 83544-0748					
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:		6. Annual Report must be signed.*					
ID C 126637		Signature: Lexi Maetche		Date: 01/15/2016			
		Name (type or print): Lexi Maetche		Title: Operations manager			
Processed 01/15/2016		* Electronically provided signatures are accepted as original signatures.					