No. C 200315		Due no later than Nov 30, 2014 Annual Report Form 1. Mailing Address: Correct in this box if needed. PERMANN DENTAL, P.A. ERIK W. PERMANN 2203 TENDOY ST TWIN FALLS ID 83301		2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080				2203 TENDO TWIN FALLS	ERIK W PERMANN DDS 2203 TENDOY ST TWIN FALLS ID 83301 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE 4. Corporations: Enter Names and Busine		ass Addresses of	Descident Cosestany and Disectors Tream	gurar (antional)	(optional)			
Office Held Name		ess Addresses of	Street or PO Address	City	State	Country	Postal Code	
PRESIDENT SECRETARY	ERIK W. PERMANN MELANIE PERMANN		2203 TENDOY ST 2203 TENDOY ST	TWIN FALLS TWIN FALLS	ID ID	USA USA	83301 83301	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID C 200315		Signature: Erik W. Permann			Date: 09/22/2014			
		Name (type o		Title: Doctor				
Processed 09/22/2014		* Electronically p	ovided signatures are accepted as origin	al signatures.				