

No. C 157165		Due no later than Nov 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. CENTER FOR CONTEMPORARY DENTISTRY, P.C. TIM HUFF 3157 S BOWN WAY STE 200 BOISE ID 83706		DR TIMOTHY J HUFF DDS 3157 S BOWN WY STE 200 BOISE ID 83706			
						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	
SECRETARY	COLINE L HUFF	3690 E. VANTAGE POINTE LN	MERIDIAN	ID	USA	83642	
PRESIDENT	TIMOTHY J HUFF	3690 E. VANTAGE POINTE LN	MERIDIAN	ID	USA	83642	
5. Organized Under the Laws of: ID C 157165		6. Annual Report must be signed.* Signature: Timothy Huff DDS Name (type or print): Timothy Huff DDS					
Processed 12/13/2013		* Electronically provided signatures are accepted as original signatures. Date: 12/13/2013 Title: President					