

No. C 152943	Due no later than Feb 28, 2014 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. KEITH W. NANCE, DDS, P.C. SHASTA L OLSON 1722 MAIN AVENUE ST MARIES ID 83861 USA		KEITH W NANCE 1722 MAIN AVENUE ST MARIES ID 83861			
			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	KEITH W NANCE	1722 MAIN AVENUE	ST. MARIES	ID	USA	83861
5. Organized Under the Laws of: ID C 152943		6. Annual Report must be signed.* Signature: Shasta Lee Olson Name (type or print): Shasta Lee Olson Date: 12/16/2013 Title: Office Manager				
Processed 12/16/2013		* Electronically provided signatures are accepted as original signatures.				