

No. C 196623		Due no later than Nov 30, 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. LEGACY DENTAL SUPPORT GROUP INC. GEORGE LOFTUS 4049 E SKY HARBOR DR COEUR D ALENE ID 83814-7537 USA		GEORGE LOFTUS 4049 E SKY HARBOR DR COEUR D ALENE ID 83814-7537					
				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	GEORGE LOFTUS	4049 E SKY HARBOR DRIVE	COEUR D ALENE	ID	USA	83814-7537			
5. Organized Under the Laws of: ID C 196623		6. Annual Report must be signed.* Signature: George J Loftus III Name (type or print): George J Loftus III Date: 09/20/2015 Title: Member							
Processed 09/20/2015		* Electronically provided signatures are accepted as original signatures.							