No. C 180532			Due no later than Oct 31, 2013	2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		TO A CONTROL OF THE PARTY OF TH	THOMAS R CURTIS DDS			
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. THOMAS R. CURTIS, D.D.S., P.C. THOMAS R CURTIS 5299 LAKEMONT LANE BOISE ID 83714 USA			5299 LAKEMONT LANE BOISE ID 83714			
				BOISE ID				
				3. New Regist	3. New Registered Agent Signature:*			
4. Corporations: Ente	r Names and Busi	ness Addresses (of President, Secretary, and Directors. Trea	asurer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	THOMAS R	CURTIS	5299 LAKEMONT LANE	BOISE	ID	USA	83714	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID C 180532		Signature:	Thomas R Curtis		Date: 08/25/2013			
		Name (type	or print): Thomas R Curtis		Title: President			
Processed 08/25/201	3	* Electronically	provided signatures are accepted as origin	nal signatures.				