No. **C 129929**	**Due no later than Aug 31, 2016** **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.** DENNIS J. MICHAELSON, DMD, MS, P.A. DENNIS J. MICHAELSON 2959 NORTH BLISS DRIVE IDAHO FALLS ID 83401	DENNIS J MICHAELSON 2959 NORTH BLISS DRIVE IDAHO FALLS ID 83418 3. New 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
DIRECTOR	DENNIS J. MICHAELSON	2959 NORTH BLISS DRIVE	IDAHO FALLS	ID	USA	83401

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **C 129929**	Signature: D. J. Michaelson	Date: 09/23/2016
	Name (type or print): D. J. Michaelson	Title: President

Processed 09/23/2016

* Electronically provided signatures are accepted as original signatures.