

No.

Annual Report Form

Due No Later Than November 30,

1/98

2. Registered Agent and Office NOT A P.O. BOX

Return to:

SECRETARY OF STATE
700 WEST JEFFERSON
PO BOX 83720
BOISE, ID 83720-0080

NO FEE REQUIRED

* FIRST NOTICE *

1. Mailing Address - Please Correct, If Not Correct

DENT PRO OF IDAHO, INC.
RAY SANTUCCI
2965 W TIMBER CT

EAGLE

ID 83616

RAY SANTUCCI
2965 W TIMBER CT

EAGLE ID 83616

3. Organized Under the Laws of:

ID C113182

4. Corporations: Enter Names and Business Addresses of **President, Secretary and Directors**
Limited Liability Companies: Enter Names and Addresses of ☐ Managers or ☐ Members (check one)

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
PRESIDENT	RAY SANTUCCI	2965 W. TIMBER CT.	EAGLE	ID	83616
SECRETARY	GINA SANTUCCI	2965 W. TIMBER CT.	EAGLE	ID	83616

5. Signature of New Registered Agent

6.

Signature

Date

Name

(Typed or
Printed)

Title

ISSUED: 07-03-1998

13826

DO NOT TAPE OR STAPLE