

No. C 145186		Due no later than Aug 31, 2017 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. MICHAEL R. BAILEY, MD, DDS, P.A. MICHAEL R. BAILEY 403 S 11TH ST STE 300 BOISE ID 83702		MICHAEL R. BAILEY 2645 S OLD HICKORY WAY BOISE ID 83716			
						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	
SECRETARY	JEANNE S BAILEY	2645 S OLD HICKORY WAY	BOISE	ID	USA	83716	
PRESIDENT	MICHAEL R BAILEY	403 S 11TH ST STE 300	BOISE	ID	USA	83702	
5. Organized Under the Laws of: ID C 145186		6. Annual Report must be signed.* Signature: Karen Shaw Name (type or print): Karen Shaw Date: 06/20/2017 Title: Business Manager					
Processed 06/20/2017 * Electronically provided signatures are accepted as original signatures.							