No. C 151750	Due	Due no later than Nov 30, 2016			2. Registered Agent and Address (NO PO BOX)			
Return to:	A	Annual Report Form		JOHN C PULSIPHER DDS 2344 MERRITT CREEK LP COEUR D'ALENE ID 83814 3. New Registered Agent Signature:*				
SECRETARY OF STATE	1. Mailing Add	1. Mailing Address: Correct in this box if needed.						
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	JOHN PULSIPHEI 2344 MERRITT C	JOHN PULSIPHER, DDS, PC JOHN PULSIPHER 2344 MERRITT CREEK LOOP COEUR D'ALENE ID 83814						
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Corporations: Enter Names and	Business Addresses of Pre	esident, Secretary, and Directors. Treasur	er (optional).					
Office Held Name		Street or PO Address	City	State	Country	Postal Code		
	S W PULSIPHER	3828 WESTWAY DR	COEUR D ALENE	ID	USA	83814		
	J PULSIPHER PULSIPHER	2344 MERRITT CREEK LOOP 2344 MERRITT CREEK LOOP	COEUR D'ALENE COEUR D'ALENE	ID ID	USA USA	83814 83814		
5. Organized Under the Laws of: 6. Annual Repo		nust be signed.*						
ID Signature: John		rulsipher Date: 12/01/2016						
C 151750 Name (type or		rint): John Pulsipher	Title: President					
Processed 12/01/2016	* Electronically provided signatures are accepted as original signatures.							