

No. <b>C 195910</b>		<b>Due no later than Sep 30, 2014</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b>  KEVIN MCMINN DMD, PC KEVIN MCMINN PO BOX 6327 KETCHUM ID 83340		KEVIN MCMINN 181 FIRST AVE N KETCHUM ID 83340			
						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	
PRESIDENT	KEVIN MCMINN	510 NORTHSTAR DR.	HAILEY	ID	USA	83333	
5. Organized Under the Laws of:  <b>TX</b> <b>C 195910</b>		6. Annual Report must be signed.*  Signature: Stefanie McMinn Name (type or print): Stefanie McMinn					
		Date: 07/23/2014 Title: Book Keeper					
Processed 07/23/2014      * Electronically provided signatures are accepted as original signatures.							