

No. <b>C 198409</b>		<b>Due no later than May 31, 2016</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>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b>  BRENT ALAN SORENSON, D.D.S., P.A. BRENT ALAN SORENSON 1437 PARKVIEW DR TWIN FALLS ID 83301		BRENT ALAN SORENSON 2779 LONGBOW DR. TWIN FALLS ID 83301			
				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	BRENT ALAN SORENSON	2779 LONGBOW DR	TWIN FALLS	ID	USA	83301	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>ID C 198409</b>		Signature: Brent Sorenson				Date: 03/21/2016	
		Name (type or print): Brent Sorenson				Title: President	
Processed 03/21/2016		* Electronically provided signatures are accepted as original signatures.					