

|  |                |   |             |   |         |                   |  |
|--|----------------|---|-------------|---|---------|-------------------|--|
| No. <b>C 185150</b>  |                | <b>Due no later than Nov 30, 2014</b>   |             | 2. Registered Agent and Address <b>(NO PO BOX)</b>              |         |                   |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>SUNNYSIDE DENTAL CARE, P.C.<br>EVAN O JOHNSON DMD<br>1520 ELK CREEK DR<br>IDAHO FALLS ID 83404 |             | EVAN O JOHNSON DMD<br>1520 ELK CREEK DR<br>IDAHO FALLS ID 83404 |         |                   |  |
|  |                |   |             | 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  | EVAN O JOHNSON | 1520 ELK CREEK DRIVE  | IDAHO FALLS | ID  | USA     | 83404             |  |
| 5. Organized Under the Laws of:  |                | 6. Annual Report must be signed.*   |             |   |         |                   |  |
| <b>ID<br/>C 185150</b>   |                | Signature: TROY CLAYTON   |             |   |         | Date: 09/27/2014  |  |
|  |                | Name (type or print): TROY CLAYTON  |             |   |         | Title: ACCOUNTANT |  |
| Processed 09/27/2014   |                | * Electronically provided signatures are accepted as original signatures.   |             |   |         |                   |  |