

No. C 174110		Due no later than Jul 31, 2018		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. SUMMIT DENTAL CARE, P.C. BRYCE BARFUSS 285 CANYON CREST DR. TWIN FALLS ID 83301		BRYCE BARFUSS 285 CANYON CREST 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	BRYCE R BARFUSS	285 CANYON CREST DR.	TWIN FALLS	ID	USA	83301	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID C 174110		Signature: Bryce Barfuss				Date: 05/22/2018	
		Name (type or print): Bryce Barfuss				Title: DDS	
Processed 05/22/2018		* Electronically provided signatures are accepted as original signatures.					