No. <b>C 140222</b>		Di	2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form  1. Mailing Address: Correct in this box if needed.  SAVANNAH PLAZA FAMILY DENTISTRY, PC BROCK BOHLMAN 5993 W STATE ST STE B BOISE ID 83703		5993 W ST BOISE ID	BROCK BOHLMAN 5993 W STATE ST STE B BOISE ID 83703  3. New Registered Agent Signature:*		
NO FILIN RECEIVED BY  4. Corporations: Ente	DUE DATE	ess Addresses of	President, Secretary, and Directors. Treasu	urer (ontional)			
Office Held	Name	1035 7 (ddi 03303 01	Street or PO Address	City	State	Country	Postal Code
PRESIDENT BROCK BOHLM		LMAN	5993 W. STATE ST. STE B	BOISE	ID	USA	83703
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID		Signature: Br		Date: 06/18/2012			
C 140222		Name (type o		Title: President			
Processed 06/18/201	2	* Electronically p	provided signatures are accepted as original	signatures.			_