

No. C 152943		Due no later than Feb 28, 2015 Annual Report Form		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		1. Mailing Address: Correct in this box if needed. KEITH W. NANCE, DDS, P.C. SHASTA L OLSON 1722 MAIN AVENUE ST MARIES ID 83861 USA		KEITH W NANCE 1722 MAIN AVENUE ST MARIES 83861			
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	KEITH W NANCE	1722 MAIN AVENUE	ST. MARIES	ID	USA	83861	
5. Organized Under the Laws of: ID C 152943		6. Annual Report must be signed.* Signature: Shasta Olson Name (type or print): Shasta Olson					
		Date: 12/15/2014 Title: Office Manager					
Processed 12/15/2014 * Electronically provided signatures are accepted as original signatures.							