No. <b>C 145488</b>		Due no later than Sep 30, 2014 Annual Report Form  1. Mailing Address: Correct in this box if needed.  ALL ABOUT YOU DENTAL, P.C. TAYLOR C CLARK 4274 N EAGLE RD BOISE ID 83713 USA		2. Registered /	2. Registered Agent and Address (NO PO BOX)  TAYLOR C CLARK DDS  4274 N EAGLE RD  BOISE ID 83713  3. New Registered Agent Signature:*			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  NO FILING FEE IF RECEIVED BY DUE DATE				4274 N EAG				
				3. <u>New</u> Registe				
4. Corporations: Ente	er Names and Busin	ess Addresses of Pre	sident, Secretary, and Directors. Tre	asurer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
PRESIDENT SECRETARY	TAYLOR C CLARK JANNIE M CLARK		4274 N EAGLE RD 4274 N EAGLE RD	BOISE BOISE	ID ID	USA USA	83713 83713	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Taylor Clark			Date: 09/09/2014			
C 145488		Name (type or pr		Title: President				
C 145								