No. **C 205277**	**Due no later than Mar 31, 2017** **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.** DAN LAWSON, D.D.S., P.C. DAN LAWSON 535 PINE STREET SUITE #3 POTLATCH ID 83855	DAN LAWSON 535 PINE STREET SUITE #3 POTLATCH ID 83855 3. New 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	DAN LAWSON	535 PINE STREET SUITE #3	POTLATCH	ID	USA	83855

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **C 205277**	Signature: Dan Lawson, DDS	Date: 01/25/2017
	Name (type or print): Dan Lawson, DDS	Title: President

Processed 01/25/2017

* Electronically provided signatures are accepted as original signatures.