| No. C 210995 | | Due no later than Aug 31, 2017 | | 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. DR THOMAS C BAKER DMD PC 3586 E DALEEN ST IDAHO FALLS ID 83401 | | DANIEL PACKARD 1000 RIVERWALK DR STE 100 IDAHO FALLS ID 83402 3. New Registered Agent Signature:* | | | | |
| RECEIVED BY DUE DATE 4. Corporations: Enter Names and Busine | | ass Addrasses of Pro | sident Secretary and Directors Tre | aacuror (| ontional) | | | |
| Office Held | Name | css Addresses of Fre | Street or PO Address | casarer (| City | State | Country | Postal Code |
| PRESIDENT | THOMAS C | BAKER | 3586 DALEEN ST | | IDAHO FALLS | ID | USA | 83401 |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID | | Signature: Dan Packard | | Date: 09/29/2017 | | | | |
| C 210995 | | Name (type or print): Dan Packard | | Title: CPA | | | | |
| Processed 09/29/2017 * Electronically provided signatures are accepted as original signatures. | | | | | | | | |