No. **C 121094**	**Due no later than Oct 31, 2016** **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.** RANDY L. SORENSEN, D.M.D., P.A. RANDY L SORENSEN 939 BRYDEN AVE LEWISTON ID 83501	RANDY L SORENSEN 939 BRYDEN AVE LEWISTON ID 83501 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
SECRETARY	LYNDA I SORENSEN	939 BRYDEN AVE.	LEWISTON	ID	USA	83501
PRESIDENT	RANDY L SORENSEN	939 BRYDEN AVE	LEWISTON	ID	USA	83501

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **C 121094**	Signature: Randy l. Sorensen	Date: 08/31/2016
	Name (type or print): Randy l. Sorensen	Title: President

Processed 08/31/2016

* Electronically provided signatures are accepted as original signatures.