No. C 151868		Due no later than Nov 30, 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. IDAHO ORAL HEALTH ALLIANCE, INC. JENNIFER WHEELER PO BOX 2309 BOISE ID 83701		JENNIFER WHEELER 3380 W AMERICANA TERRACE #140 STE 140 BOISE ID 83706 3. New Registered Agent Signature:*			
RECEIVED BY DUE DATE							
4. Corporations: Enter Names	s and Busine	ess Addresses of Preside	nt, Secretary, and Directors. Treasurer	(optional).			
Office Held N	lame		Street or PO Address	City	State	Country	Postal Code
DIRECTOR A	ANDREA TIMMERMAN		8950 W EMERALD ST STE 108	BOISE	ID	USA	83704
DIRECTOR SI	SUSANNE JAMISON, RDH		11141 W WILLOW AVE	NAMPA	ID	USA	83651
DIRECTOR TI	TROY CLOVIS, DMD		4552 N CLOVERDALE RD	BOISE	ID	USA	83713
TREASURER G	GRAHAM PATERSON		7313 KINGSTON DRIVE	BOISE	ID	USA	83704
PRESIDENT AI	ANGIE BAILEY, RDH-EA, MSDH		450 WEST STATE STREET, 6TH FL	BOISE	ID	USA	83720
DIRECTOR JA	JACK H. LINCKS, DDS, MS		140 EAST BOISE AVENUE	BOISE	ID	USA	83706
SECRETARY LI			1220 W. HAYES STREET	BOISE	ID	USA	83702
DIRECTOR C			707 N ARMSTRONG PLACE	BOISE	ID	USA	83704
DIRECTOR JC	JOHN S. KRIZ, DDS		5543 WEST SCHOOL RIDGE ROAD	BOISE	ID	USA	83714
	JUSTIN RADER, DDS		1223 GOVERNMENT WAY	COEUR D'ALENE	ID	USA	83814
	M. COLLEEN STEPHENSON, RDH-ER			POCATELLO	ID	USA	83201
		KENNEY, RDH-EA	555 E PARKCENTER BLVD	BOISE	ID	USA	83706
DIRECTOR K	ATHY COUN	MERILH	1087 W RIVER ST. STE 160	BOISE	ID	USA	83702
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID		Signature: JENNIFER WHEELER		Date: 09/22/2017			
C 151868		Name (type or print): JENNIFER WHEELER Title: EXECUTIVE DIRECTOR					
Processed 09/22/2017 * Electronically provided signatures are accepted as original signatures.							