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|--|-----------------|--|------|---|------------------------|-------------|
| No. C 149424 | | Due no later than May 31, 2015 | | 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 | | Annual Report Form 1. Mailing Address: Correct in this box if needed. KUNA DENTAL, P.C. DOUGLAS W CROFT 935 N. LINDER 101 KUNA ID 83834 USA | | DOUGLAS WAYNE CROFT 935 N LINDER STE. 101 KUNA ID 83634 | | |
| | | | | 3. <u>New</u> 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 | TAMMY CROFT | 935 N. LINDER STE. 101 | KUNA | ID | USA | 83634 |
| PRESIDENT | DOUGLAS W CROFT | 935 N. LINDER STE. 101 | KUNA | ID | USA | 83634 |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | |
| ID C 149424 | | Signature: Douglas W. Croft | | | Date: 06/18/2015 | |
| | | Name (type or print): Douglas W. Croft | | | Title: Owner/President | |
| Processed 06/18/2015 | | * Electronically provided signatures are accepted as original signatures. | | | | |