No. **C 134500**	**Due no later than Jun 30, 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.** TAYLORVIEW DENTAL, P.C. SCOTT DAVIS 3315 S HOLMES IDAHO FALLS ID 83404	SCOTT DAVIS 3315 S HOLMES IDAHO FALLS ID 83404 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	SCOTT D. DAVIS	3315 S. HOLMES AVE.	IDAHO FALLS	ID	USA	83404

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **C 134500**	Signature: Scott Davis Name (type or print): Scott Davis	Date: 04/28/2017 Title: President

Processed 04/28/2017

* Electronically provided signatures are accepted as original signatures.