

No. C 150418	Due no later than Aug 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. COTTONWOOD DENTAL, P.C. JOHN D MCMURRAY 13323 W TAPATIO DR BOISE ID 83713	JOHN MCMURRAY DDS 13323 W TAPATIO DR BOISE ID 83713	
		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
PRESIDENT	JOHN D MCMURRAY	13323 W TAPATIO DR	BOISE ID USA 83713
5. Organized Under the Laws of: ID C 150418	6. Annual Report must be signed.* Signature: John D. McMurray Name (type or print): John D. McMurray		Date: 07/29/2016 Title: President
Processed 07/29/2016		* Electronically provided signatures are accepted as original signatures.	