

No. <b>C 151750</b>		<b>Due no later than Nov 30, 2014</b>		<b>Annual Report Form</b>				2. Registered Agent and Address <b>(NO PO BOX)</b>	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b>  JOHN PULSIPHER, DDS, PC JOHN PULSIPHER 2344 MERRITT CREEK LOOP COEUR D'ALENE ID 83814		JOHN C PULSIPHER DDS 2344 MERRITT CREEK LP COEUR D'ALENE 83814					
				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	DOUGLAS W PULSIPHER	3828 WESTWAY DR	COEUR D ALENE	ID	USA	83814			
DIRECTOR	JESSICA J PULSIPHER	3039 W BAYBERRY CT	HAYDEN	ID	USA	83835			
PRESIDENT	JOHN C PULSIPHER	2344 MERRITT CREEK LOOP	COEUR D'ALENE	ID	USA	83814			
5. Organized Under the Laws of:  <b>ID C 151750</b>		6. Annual Report must be signed.* Signature: John Pulsipher Name (type or print): John Pulsipher							
		Date: 11/13/2014 Title: owner							
Processed 11/13/2014		* Electronically provided signatures are accepted as original signatures.							