No. C 132325		Due no later than Jan 31, 2017		2. Registered Ag	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		to the control of the	CHAD W DODDS			
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. CHAD W. DODDS, D.D.S., P.A. CHAD W DODDS 1415 FILLMORE SUITE 700 TWIN FALLS ID 83301 USA		20.000000000000000000000000000000000000	1415 FILMORE ST STE 700 TWIN FALLS ID 83301 3. New Registered Agent Signature:*			
4. Corporations: Enter Na	mes and Busir	ness Addresses of	President, Secretary, and Directors. Treasu	ırer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
TREASURER PRESIDENT	CHAD W DODDS CHAD W DODDS		1415 FILLMORE SUITE 700 1415 FILLMORE SUITE 700	TWIN FALLS TWIN FALLS	ID ID	USA USA	83301 83301	
SECRETARY	CHAD W D		1415 FILLMORE SUITE 700	TWIN FALLS	ID	USA	83301	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID C 132325		Signature: Chad W. Dodds		Da	Date: 11/25/2016			
		Name (type or print): Chad W. Dodds		Ti	Title: Owner/Dentist			
Processed 11/25/2016		* Electronically p	provided signatures are accepted as original	signatures.				