





STATE OF IDAHO

Office of the secretary of state, Phil McGrane ANNUAL REPORT

Idaho Secretary of State PO Box 83720 Boise, ID 83720-0080 (208) 334-2301 Filing Fee: \$0.00 00

For Office Use Only

-FILED-

File #: 0005329839

Date Filed: 7/24/2023 10:26:57 AM

| Entity Name and Mailing Address: | | |
|---|------------------------------------|---|
| Entity Name: | | Kuna DentalFamily, Cosmetic & Children's Dentistry, PC |
| The file number of this entity on the records of the Idaho Secretary of State is: | | ho 0003944766 |
| Address | | 935 N LINDER RD |
| | | STE 101 |
| | | KUNA, ID 83634-1204 |
| Entity Details: | | |
| Entity Status | | Active-Good Standing |
| This entity is organized under the laws of: | | IDAHO |
| If applicable, the old file numb the Idaho Secretary of State w | | ecords of |
| The registered agent on record is: | | |
| Registered Agent | | ALL DAY \$49 IDAHO REGISTERED AGENT LLC Commercial Registered Agent |
| | | Physical Address |
| | | 784 S CLEARWATER LOOP STE F POST FALLS, ID 83854 |
| | | Mailing Address |
| | | 784 S CLEARWATER LOOP STE F |
| | | POST FALLS, ID 83854 |
| Agent or Address Change | | |
| Select if you are appointing | ng a new agent. | |
| Corporate Officers and Directors: | | |
| Name | Title | Business Address |
| Daniel Haws | President | 468 E FOREST RIDGE DR MERIDIAN, ID 83642 |
| The annual report must be signed by an Job Title: Director | n authorized signer of the entity. | у. |
| Daniel T Haws | | 07/24/2023 |
| Sign Here | | Date |