

No. <b>C 179842</b>	<b>Due no later than Aug 31, 2013</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> WOOD RIVER DENTAL CARE, PC RANDY SIDDOWAY SIDDOWAY & COMPANY 1110 N FIVE MILE RD BOISE ID 83713 USA		JARED HILL 9 WYATT DRIVE BELLEVUE ID 83313			
			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	JARED HILL	9 WYATT DRIVE	BELLEVUE	ID	USA	83713
5. Organized Under the Laws of:  <b>ID C 179842</b>	6. Annual Report must be signed.* Signature: Randy Siddoway Name (type or print): Randy Siddoway		Date: 06/13/2013 Title: Cpa			
Processed 06/13/2013		* Electronically provided signatures are accepted as original signatures.				