

No. C 112954	Due no later than Dec 31, 2014 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. PHILIP W. GERVAIS, D.D.S., P.A. PHILIP W. GERVAIS 2005 PINE ST SANDPOINT ID 83864 USA		PHILIP W GERVAIS 2005 PINE ST SANDPOINT 83864			
			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	PHILIP W GERVAIS	2005 PINE ST	SANDPOINT	ID	USA	83864
5. Organized Under the Laws of: ID C 112954	6. Annual Report must be signed.* Signature: Philip W. Gervais, DDS Name (type or print): Philip W. Gervais, DDS		Date: 01/12/2015 Title: Owner			
Processed 01/12/2015		* Electronically provided signatures are accepted as original signatures.				