

No. <b>C 194753</b>	<b>Due no later than May 31, 2018</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>		SHAUN M WHITNEY DDS 1322 KATHLEEN AVE SUITE 2 COEUR D ALENE ID 83815			
	LAKE CITY DENTAL SPECIALTIES P.C. SHAUN WHITNEY DDS 1322 KATHLEEN AVE SUITE 2 COEUR D ALENE ID 83815		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	SHAUN MICHAEL WHITNEY	1322 KATHLEEN AVE. SUITE 2	COEUR D ALENE	ID	USA	83815
5. Organized Under the Laws of:  <b>ID C 194753</b>		6. Annual Report must be signed.* Signature: Shaun Whitney DDS Name (type or print): Shaun Whitney DDS		Date: 03/20/2018 Title: Owner/President		
Processed 03/20/2018		* Electronically provided signatures are accepted as original signatures.				