No. C 170741		Due no later than Jan 31, 2014		2.	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. SANDPOINT FAMILY DENTISTRY, INC. KEVIN B. JOHNSON 1310 PONDEROSA DR SANDPOINT ID 83864			KEVIN B JOHNSON 464 RAVENWOOD LANE SANDPOINT ID 83864 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
200 200		ess Addresses of	President, Secretary, and Directors. Treasi		-			
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
SECRETARY PRESIDENT			464 RAVENWOOD LANE 464 RAVENWOOD LANE		SANDPOINT SANDPOINT	ID ID	USA USA	83864 83864
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID C 170741		Signature: Kevin			Date: 11/18/2013			
		Name (type or print): Kevin			Title: Johnson			
Processed 11/18/2013		* Electronically p	rovided signatures are accepted as origina	l signati	ures.			