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|--|----------------|---|--------|--|---------|-------------|--|
| No. C 183877 | | Due no later than Jul 31, 2018 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. RAYMOND CHERRY DDS, P.C. RAYMOND CHERRY PO BOX 919 VICTOR ID 83455 USA | | RAYMOND CHERRY 7389 S HWY 33 STE A VICTOR ID 83455 | | | |
| 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 | RAYMOND CHERRY | P.O. BOX 919 | VICTOR | ID | USA | 83455 | |
| 5. Organized Under the Laws of: ID C 183877 | | 6. Annual Report must be signed.* Signature: Raymond Cherry Name (type or print): Raymond Cherry | | | | | |
| | | Date: 05/30/2018 Title: President | | | | | |
| Processed 05/30/2018 * Electronically provided signatures are accepted as original signatures. | | | | | | | |