No. <b>C 162851</b>		Due no later than Oct 31, 2018		2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		MICHAEL LADY 291 E SUNRISE RIME RD NAMPA ID 83686  3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  DENT SOLUTIONS, INC.  MICHAEL LADY  291 E SUNRISE RIM RD  NAMPA ID 83686					
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).							
Office Held	Name	Street or PO Ado	ress	City	State	Country	Postal Code
PRESIDENT	MICHAEL B	LADY 291 E SUNRISE F	IM RD	NAMPA	ID	USA	83686
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID		Signature: Michael B Lady	Date: 08/20/2018				
C 162851		Name (type or print): Michael B Lady	Title: president				
Processed 08/20/2018 * Electronically provided signatures are accepted as original signatures.							