No. **C 169903**	**Due no later than Nov 30, 2017** **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.** SNAKE RIVER DENTAL, INC. JAMES H MOORE 925 2ND AVE N PAYETTE ID 83661	JAMES MOORE 925 2ND AVE N PAYETTE ID 83661 3. New 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
TREASURER	TIJON MOORE	925 2ND AVE NORTH 8630 SHANNON RD.	PAYETTE	ID	USA	83661
PRESIDENT	JAMES H. MOORE	925 2ND AVE NORTH 8630 SHANNON RD.	PAYETTE	ID	USA	83661
SECRETARY	TIJON MOORE	925 2ND AVE NORTH 8630 SHANNON RD.	PAYETTE	ID	USA	83661

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **C 169903**	Signature: James H. Moore	Date: 11/08/2017
	Name (type or print): James H. Moore	Title: President

Processed 11/08/2017

* Electronically provided signatures are accepted as original signatures.