

No. C 139255		Due no later than May 31, 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. ALEXANDER DENTAL GROUP, CHTD CRISTINA MACHADO 506 HANSEN ST E TWIN FALLS ID 83301		J ROBERT ALEXANDER 126 2ND AVE N TWIN FALLS ID 83301			
				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	MARK R ALEXANDER	506 HANSEN STREET EAST	TWIN FALLS	ID	USA	83301	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID C 139255		Signature: CRISTINA MACHADO				Date: 03/21/2017	
		Name (type or print): CRISTINA MACHADO				Title: OFFICE MANAGER	
Processed 03/21/2017		* Electronically provided signatures are accepted as original signatures.					