No. C 143623	D	Due no later than Apr 30, 2014 Annual Report Form 1. Mailing Address: Correct in this box if needed. BRANDON L. TAYLOR, D.M.D., P.C. 2455 N MILWAUKEE BOISE ID 83704 2. Registered Agent and Address BRANDON L TAYLOR DMD 2455 N MILWAUKEE BOISE ID 83704 3. New Registered Agent Signature		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	BRANDON L. 2455 N MILW						
4. Corporations: Enter Names and E	Business Addresses of	f President, Secretary, and Directors. Trea	asurer (optional).				
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
PRESIDENT BRANDO	N L TAYLOR	2455 N. MILWAUKEE	BOISE	ID	USA	83704	
5. Organized Under the Laws of:	rganized Under the Laws of: 6. Annual Report must be signed.*						
ID	Signature: B	randon Taylor		Date: 02/11/2014			
C 143623	Name (type	Name (type or print): Brandon Taylor		Title: President			
Processed 02/11/2014	* Electronically	* Electronically provided signatures are accepted as original signatures.					