

No. C 187479		Due no later than Jun 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		1. Mailing Address: Correct in this box if needed. IDAHO PERIO. CENTER FOR DENTAL IMPLANTS AND LASER PERIODONTAL THERAPY, PC JACE HANSEN 6019 N EAGLE RD BOISE ID 83713		JACE HANSEN DMD MS 6019 N EAGLE RD BOISE ID 83713			
NO FILING FEE IF RECEIVED BY DUE DATE				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	JACE HANSEN	6019 N. EAGLE RD	BOISE	ID	USA	83713	
5. Organized Under the Laws of: ID C 187479		6. Annual Report must be signed.* Signature: Jace Hansen Name (type or print): Jace Hansen Date: 05/01/2017 Title: President					
Processed 05/01/2017 * Electronically provided signatures are accepted as original signatures.							