No. C 137121 Return to:			Due no later than Jan 31, 2018	2. Registered Ag	2. Registered Agent and Address (NO PO BOX)			
		Annual Report Form		DONNA S SO	DONNA S SCHAU DDS			
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. 737 N THORNTON ST SUITE A POST FALLS ID 83854						
		RIVER CITY DENTISTRY, A PROFESSIONAL CORPORATION DONNA S SCHAU DDS 737 N THORNTON ST. SUITE A POST FALLS ID 83854			POST FALLS ID 63634			
				3. New Register	3. New Registered Agent Signature:*			
4. Corporations: Ente	r Names and Busir	ness Addresses o	f President, Secretary, and Directors. Treasur	er (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	DONNA SCI	HAU	737 N THORNTON ST SUITE A	POST FALLS	ID	USA	83854	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID C 137121		Signature: d		Date: 12/07/2017				
		Name (type	or print): donna schau		Title: owner			
Processed 12/07/201	7	* Electronically	provided signatures are accepted as original s	signatures.				