

No. C 145151		Due no later than Aug 31, 2016 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. MATTHEW A. FOWLER, D.M.D., P.C. MATTHEW A FOWLER DMD 347 W IOWA AVE NAMPA ID 83686		MATTHEW A FOWLER DMD 347 W IOWA AVE NAMPA ID 83686			
						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	
SECRETARY	CHERYL T FOWLER	909 SAGE CREEK RD.	NAMPA	ID	USA	83686	
PRESIDENT	MATTHEW A FOWLER	347 W. IOWA AVE.	NAMPA	ID	USA	83686	
5. Organized Under the Laws of: ID C 145151		6. Annual Report must be signed.* Signature: Matthew A Fowler Name (type or print): Matthew A Fowler					
Processed 08/29/2016		* Electronically provided signatures are accepted as original signatures. Date: 08/29/2016 Title: President					