

No. <b>C 185765</b>		<b>Due no later than Jan 31, 2018</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b>  IDAHO DENTIST'S INSURANCE AGENCY, INC. LINDA P SWANSTROM 1220 W HAYS ST BOISE ID 83702		LINDA P SWANSTROM 1220 W HAYS ST BOISE ID 83702			
						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	THOMAS R SMART	1717 LINCOLN WAY STE 204	COEUR D ALENE	ID	USA	83814	
PRESIDENT	DUSTON F CONNAUGHTON	7301 W EMERALD ST STE 102	BOISE	ID	USA	83704	
5. Organized Under the Laws of:  <b>ID</b> <b>C 185765</b>		6. Annual Report must be signed.*  Signature: Linda P Swanstrom Name (type or print): Linda P Swanstrom					
Processed 01/16/2018		* Electronically provided signatures are accepted as original signatures.  Date: 01/16/2018 Title: Executive Director					