

No. C 106884		Due no later than Jul 31, 2013		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. KARL D. PEACH, D.D.S., M.S., P.A. KARL D. PEACH, D.D.S., M.S 1145 E POLSTON AVE POST FALLS ID 83854		BRENDA PEACH 1145 E POLSTON AVE POST FALLS ID 83854			
				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	
DIRECTOR	KARL D. PEACH, D.D.S., M.S.	709 EAST 8TH STREET	POST FALLS	ID	USA	83854	
5. Organized Under the Laws of: ID C 106884		6. Annual Report must be signed.* Signature: Karl D Peach Name (type or print): Karl D Peach Date: 05/21/2013 Title: Director/Orthodontist					
Processed 05/21/2013		* Electronically provided signatures are accepted as original signatures.					