No. <b>C 106669</b>	Due no later than Jun 30, 2014	2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to:	Annual Report Form		KEVIN L HAMBLIN			
SECRETARY OF STATE	1. Mailing Address: Correct in this box if needed.  1415 N FILLMORE STE 701 TWIN FALLS ID 83301					
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	KEVIN L. HAMBLIN, D.D.S. KEVIN LAVAR HAMBLIN 1415 N FILLMORE STE 701	I WIN FALLS	TWIN FALLS ID 65301			
	TWIN FALLS ID 83301	3. <u>New</u> Register	3. <u>New</u> Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE						
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 KEVIN L HA	MBLIN 1415 N FILLMORE STE 701	TWIN FALLS	ID	USA	83301	
5. Organized Under the Laws of:	6. Annual Report must be signed.*					
ID	Signature: Kevin L. Hamblin		Date: 05/19/2014			
C 106669	Name (type or print): Kevin L. Hamblin	íevin L. Hamblin Title:		President		
Processed 05/19/2014	* Electronically provided signatures are accepted as original signatures.					