

No. C 136601		Due no later than Dec 31, 2015		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. JUSTIN C. CRESS, DDS, P.A. JUSTIN C CRESS 3422 HARVEST MOON DRIVE KIMBERLY ID 83341		JUSTIN C CRESS 3422 HARVEST MOON DRIVE KIMBERLY ID 83341			
				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	
PRESIDENT	JUSTIN C CRESS	3422 HARVEST MOON DRIVE	KIMBERLY	ID	USA	83341	
SECRETARY	REBECCA L CRESS	3422 HARVEST MOON DRIVE	KIMBERLY	ID	USA	83341	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID C 136601		Signature: Justin C Cress				Date: 11/30/2015	
		Name (type or print): Justin C Cress				Title: President	
Processed 11/30/2015		* Electronically provided signatures are accepted as original signatures.					