No. C 159034		Due no later than Feb 28, 2015 Annual Report Form 1. Mailing Address: Correct in this box if needed. MEDARIS DENTISTRY, P.C. BRYAN R MEDARIS DDS 7390 SOUTHERN VISTA CT STAR ID 83669 USA Dess Addresses of President, Secretary, and Directors. Treasurer of		2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080				7390 SOUT STAR 83	BYRAN R MEDARIS DDS 7390 SOUTHERN VISTA CT STAR 83669 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE 4. Corporations: Enter Names and Busine				ar (ontional)				
			Street or PO Address	City	State	Country	Postal Code	
	KELLI K MEDARIS BRYAN R MEDARIS		7390 SOUTHERN VISTA CT 7390 SOUTHERN VISTA CT	STAR STAR	ID ID	USA USA	83669 83669	
5. Organized Under the Laws of:		6. Annual Repor						
ID C 159034		Signature: Br		Date: 03/15/2015				
		Name (type o		Title: President				
Processed 03/15/2015	* Electronically provided signatures are accepted as original signatures.							