| No. C 197736 | Due no later than Mar 31, 2017 | 2. Registered Agent and Address (NO PO BOX) | | | |
|---|---|---|-------|---------|-------------|
| Return to: | Annual Report Form | J SCOTT BOBST DDS | | | |
| SECRETARY OF STATE | 1. Mailing Address: Correct in this box if needed. | 7910 W USTICK BOISE ID 83704 3. New Registered Agent Signature:* | | | |
| 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | J. SCOTT BOBST, DDS IMPLANT & ORAL SURGERY, P.C. J SCOTT BOBST DDS 7910 W USTICK RD | | | | |
| | BOISE ID 83704 | | | | |
| 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 J SCOTT B | OBST 7910 USTICK RD | BOISE | ID | USA | 83704 |
| 5. Organized Under the Laws of: | 6. Annual Report must be signed.* | | | | |
| ID | Signature: J Scott Bobst | Date: 05/01/2017 | | | |
| C 197736 | Name (type or print): J Scott Bobst | Title: President | | | |
| Processed 05/01/2017 | * Electronically provided signatures are accepted as original signatures. | | | | |