

No. <b>C 154597</b>		Due no later than May 31, 2018 <b>Annual Report Form</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b> KOOTENAI FAMILY DENTAL, P.A. MARC WALLACE 2370 N. MERRITT CREEK LOOP, #1 COEUR D ALENE ID 83814		MARC WALLACE 2307 N. MERRITT CREEK LOOP SUITE 1 COEUR D'ALENE ID 83814	
				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	ROBERT L WILDER	1420 LINCOLN WAY STE 200	COEUR D ALENE	ID	USA 83814
5. Organized Under the Laws of:  <b>ID C 154597</b>		6. Annual Report must be signed.* Signature: Marc Wallace Date: 05/16/2018 Name (type or print): Marc Wallace Title: Registered Agent			
Processed 05/16/2018		* Electronically provided signatures are accepted as original signatures.			