

No. C 176458		Due no later than Dec 31, 2014		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. MOUNTAIN VIEW DENTAL CLINIC PROFESSIONAL CORPORATION HEIDI Y. WALKER 390 SOUTH 3RD WEST SODA SPRINGS ID 83276 USA		JERRY H WALKER 390 SOUTH 3RD WEST SODA SPRINGS 83276			
				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	JERRY H WALKER	390 SOUTH 3RD WEST	SODA SPRINGS	ID	USA	83276	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID C 176458		Signature: Heidi Walker				Date: 10/16/2014	
		Name (type or print): Heidi Walker				Title: Manager	
Processed 10/16/2014		* Electronically provided signatures are accepted as original signatures.					