

No. C 24568		Due no later than Sep 30, 2018		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. IDAHO STATE DENTAL ASSOCIATION LINDA SWANSTROM 1220 WEST HAYS BOISE ID 83702		LINDA SWANSTROM 1220 WEST HAYS BOISE ID 83702		
				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
DIRECTOR	JUSTIN FRANDSEN	3375 MERLIN DR	IDAHO FALLS	ID	USA	83404
DIRECTOR	SHAUN WHITNEY	1322 W KATHLEEN AVE STE 2	COEUR D ALENE	ID	USA	83815
DIRECTOR	M LYNN GURNEY	1000 N CURTIS RD, STE 203	BOISE	ID	USA	83706
DIRECTOR	STEVE GARN	2200 PARK AVE, STE 2	BURLEY	ID	USA	83318
TREASURER	SCOTT D ALEXANDER	3167 S BOWN WAY	BOISE	ID	USA	83706
SECRETARY	SCOTT D ALEXANDER	3167 S BOWN WAY	BOISE	ID	USA	83706
DIRECTOR	JONATHAN B NASH	2517 17TH ST	LEWISTON	ID	USA	83501
DIRECTOR	LEE R REDDISH	1980 BIRDIE THOMPSON DR	POCATELLO	ID	USA	83201
DIRECTOR	S JOHN STALEY	1029 E PARK BLVD STE 100	BOISE	ID	USA	83712
DIRECTOR	SHAUN C CHRISTENSEN	155 S MIDLAND BLVD	NAMPA	ID	USA	83686
PRESIDENT	DAN WILSON	638 BRYDEN AVE	LEWISTON	ID	USA	83501
PRESIDENT	JILL SHELTON WAGERS	7235 W EMERALD ST STE B	BOISE	ID	USA	83704
5. Organized Under the Laws of:		6. Annual Report must be signed.*				
ID C 24568		Signature: Margaret Tijerino			Date: 07/30/2018	
		Name (type or print): Margaret Tijerino			Title: Accountant	
Processed 07/30/2018		* Electronically provided signatures are accepted as original signatures.				