

No. <b>C 105361</b>		<b>Due no later than Mar 31, 2016</b> <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>  MICHAEL E. PETERSON, D.D.S., P.A. MICHAEL E. PETERSON 5355 W STATE ST BOISE ID 83703		MICHAEL E PETERSON 5355 W STATE ST BOISE ID 83703			
						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	MICHAEL E PETERSON	5355 W. STATE ST.	BOISE	ID	USA	83703	
5. Organized Under the Laws of:  <b>ID</b> <b>C 105361</b>		6. Annual Report must be signed.*  Signature: micheal peterson Name (type or print): micheal peterson  Date: 03/28/2016 Title: Owner					
Processed 03/28/2016      * Electronically provided signatures are accepted as original signatures.							