

No. C 183111		Due no later than May 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		1. Mailing Address: Correct in this box if needed. LAMB FAMILY DENTAL CHTD BRYAN H LAMB 4255 N EAGLE RD BOISE ID 83713		BRYAN H LAMB 4255 N EAGLE RD BOISE ID 83713			
				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	
SECRETARY	SUSAN M LAMB	4549 W MARICOPA DR	EAGLE	ID	USA	83616	
PRESIDENT	BRYAN H LAMB	4549 W MARICOPA DR	EAGLE	ID	USA	83616	
DIRECTOR	BRYAN H LAMB	4549 W MARICOPA DR.	EAGLE	ID	USA	83616	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID C 183111		Signature: Reisse Perin				Date: 04/22/2014	
		Name (type or print): Reisse Perin				Title: Cpa	
Processed 04/22/2014		* Electronically provided signatures are accepted as original signatures.					