No. <b>C 150665</b>		Due no later than Sep 30, 2015		2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			DR DARRON H KELLEY			
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.			35 S STATE			
		DR. DARRON H. KELLEY, D.D.S., P.C. DARRON H KELLEY 35 S STATE PRESTON ID 83263 USA		PRESTON II	PRESTON ID 83263			
				3. New Registe	3. New Registered Agent Signature:*			
4. Corporations: Enter	Names and Busin	ess Addresses of	President, Secretary, and Directors. Treasu	rer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
DIRECTOR SECRETARY			35 SOUTH STATE 661 SOUTH OAKWOOD DR	PRESTON PRESTON	ID ID	USA USA	83263 83263	
5. Organized Under th	ne Laws of:	6. Annual Repor	t must be signed.*					
ID C 150665		Signature: Darron Kelley			Date: 07/20/2015			
		Name (type or print): Darron Kelley			Title: DDS			
Processed 07/20/2015	5	* Electronically p	rovided signatures are accepted as original	signatures.				