No. **C 70989**	**Due no later than Oct 31, 2018** **Annual Report Form**	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.** BLAISDELL DENTAL CENTER, P.A. JOHN D. BLAISDELL, DDS 904 EAST MAPLE STREET CALDWELL ID 83605-5300	JOHN D. BLAISDELL, DDS 904 EAST MAPLE STREET CALDWELL ID 83605-5300 3. New 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	JOHN D BLAISDELL, DDS	904 EAST MAPLE STREET	CALDWELL	ID	USA	83605-5300
SECRETARY	JOHN D BLAISDELL, DDS	904 EAST MAPLE STREET	CALDWELL	ID	USA	83605-5300
TREASURER	JOHN D BLAISDELL, DDS	904 EAST MAPLE STREET	CALDWELL	ID	USA	83605-5300

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **C 70989**	Signature: Dr. John D Blaisdell	Date: 08/18/2018
	Name (type or print): Dr. John D Blaisdell	Title: President

Processed 08/18/2018

* Electronically provided signatures are accepted as original signatures.