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|--|----------------|---|-------|--|---------|-------------|--|
| No. C 184616 | | Due no later than Sep 30, 2013 | | 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. CHRIS KELSON DMD, MSD, PC CHRIS L KELSON 1354 N PRESTWICK WAY EAGLE ID 83616 USA | | CHRIS L KELSON 1354 N PRESTWICK WAY EAGLE ID 83616 | | | |
| | | | | 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 | |
| PRESIDENT | CHRIS L KELSON | 1354 N PRESTWICK WAY | EAGLE | ID | USA | 83616 | |
| 5. Organized Under the Laws of: ID C 184616 | | 6. Annual Report must be signed.* Signature: Chris Kelson Name (type or print): Chris Kelson Date: 11/18/2013 Title: President | | | | | |
| Processed 11/18/2013 | | * Electronically provided signatures are accepted as original signatures. | | | | | |