No. C 131789		Due no later than Dec 31, 2014 2. Registered Agent and Address (NO PO I				PO BOX)
Return to:		Annual Report Form	CARL B HOLM DDS PC 350 E CEDAR ST STE A POCATELLO 83201 3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. CARL B. HOLM, D.D.S., P.C. CARL HOLM 350 E CEDAR ST POCATELLO ID 83201				
NO FILING FEE IF RECEIVED BY DUE DATE		USA				
4. Corporations: Enter Na	mes and Busin	ess Addresses of President, Secretary, and Directors. Treasurer	(optional).			
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
PRESIDENT CARL B HOL		LM 350 E CEDAR ST	POCATELLO	ID	USA	83201
5. Organized Under the Laws of:		6. Annual Report must be signed.*				
ID		Signature: carl holm	Date: 10/15/2014			
C 131789		Name (type or print): carl holm	Title: president			
Processed 10/15/2014 * Electronically provided signatures are accepted as original signatures.						