No. **C 150265**	**Due no later than Aug 31, 2013** **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.** MADISON CLINIC DENTISTRY, P.C. LAYNE E HACKING 242 E MAIN ST REXBURG ID 83440 USA	LAYNE HACKING 242 E MAIN ST REXBURG ID 83440 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	LAYNE E HACKING	242 E MAIN ST	REXBURG	ID	USA	83440

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **C 150265**	Signature: Emi Flamm Name (type or print): Emi Flamm	Date: 07/16/2013 Title: Office Manager

Processed 07/16/2013

* Electronically provided signatures are accepted as original signatures.