No. C 173487		Du	2. Registered Age	2. Registered Agent and Address (NO PO BOX)				
Return to: SECRETARY OF STATE		1 Mailing A		TYLER JOHN HARRINGTON 615 W NORTH ST GRANGEVILLE ID 83530 3. New Registered Agent Signature:*				
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. MOUNTAIN VIEW DENTISTRY, P.C. ASHLEE BEHLER 615 W NORTH ST GRANGEVILLE ID 83530 USA						GRANGEVILLE
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Corporations: Enter Na	mes and Busin	ess Addresses of	President, Secretary, and Directors. Treasu	urer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	TYLER J HARRINGTON		615 W. NORTH ST	GRANGEVILLE	ID	USA	83530	
SECRETARY	ASHLEE R BEHLER		615 W. NORTH ST	GRANGEVILLE	ID	USA	83530	
DIRECTOR	TOR BRADLEY SCHAFF		615 W. NORTH ST	GRANGEVILLE	ID	USA	83530	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID C 173487		Signature: Ashlee Behler			Date: 04/14/2014			
		Name (type o		Title: Secretary				
Processed 04/14/2014		* Electronically p	rovided signatures are accepted as original	l signatures.				