

No. C 170264		Due no later than Dec 31, 2017 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. INTERMOUNTAIN DENTAL, PC MARK E DUKE 519 JENNY LN SANDPOINT ID 83864		MARK E DUKE DMD 519 JENNY LN SANDPOINT ID 83864			
						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	MARK E. DUKE	519 JENNY LN	SANDPOINT	ID	USA	83864	
SECRETARY	MARK E DUKE	519 JENNY LN	SANDPOINT	ID	USA	83864	
5. Organized Under the Laws of: ID C 170264		6. Annual Report must be signed.* Signature: Mark E Duke Name (type or print): Mark E Duke					
		Date: 11/02/2017 Title: President					
Processed 11/02/2017		* Electronically provided signatures are accepted as original signatures.					