

No. <b>C 70989</b>	<b>Due no later than Oct 31, 2016</b> <b>Annual Report Form</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>1. Mailing Address: Correct in this box if needed.</b>  BLAISDELL DENTAL CENTER, P.A. JOHN D. BLAISDELL, DDS 904 EAST MAPLE STREET CALDWELL ID 83605		JOHN D. BLAISDELL, DDS 904 EAST MAPLE STREET CALDWELL ID 83605-5300			
			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	JOHN D BLAISDELL, DDS	904 EAST MAPLE STREET	CALDWELL	ID	USA	83605-5300
SECRETARY	JOHN D BLAISDELL, DDS	904 EAST MAPLE STREET	CALDWELL	ID	USA	83605-5300
TREASURER	JOHN D BLAISDELL, DDS	904 EAST MAPLE STREET	CALDWELL	ID	USA	83605-5300
5. Organized Under the Laws of:  <b>ID</b> <b>C 70989</b>	6. Annual Report must be signed.* Signature: John D Blaisdell, DDS Name (type or print): John D Blaisdell, DDS		Date: 12/25/2016 Title: President			
Processed 12/25/2016		* Electronically provided signatures are accepted as original signatures.				