

No. C 166246		Due no later than Apr 30, 2016 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		1. Mailing Address: Correct in this box if needed. IDAHO ORAL & MAXILLOFACIAL SURGERY, P.C. TIMOTHY T HOPKINS 590 FALLS AVE TWIN FALLS ID 83301		TIMOTHY T HOPKINS 590 FALLS AVE TWIN FALLS ID 83301			
NO FILING FEE IF RECEIVED BY DUE DATE				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	TIMOTHY T. HOPKINS	590 FALLS AVE	TWIN FALLS	ID	USA	83301	
5. Organized Under the Laws of: ID C 166246		6. Annual Report must be signed.* Signature: Timothy T. Hopkins Name (type or print): Timothy T. Hopkins					
		Date: 03/30/2016 Title: owner					
Processed 03/30/2016 * Electronically provided signatures are accepted as original signatures.							