| No. C 152258 | | Due no later than Dec 31, 2015 | | 2. Registered | 2. Registered Agent and Address (NO PO BOX) | | | |
|---|---|--|--|------------------------|---|------------|----------------|--|
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | Annual Report Form 1. Mailing Address: Correct in this box if needed. DARON R. STEVENS, DDS, MS, P.C. DARON R STEVENS 12285 LANDAU WAY | | 119 S VALL NAMPA ID | DARON R STEVENS 119 S VALLEY DR STE E NAMPA ID 83686 3. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE 4. Corporations: Enter Names and Busine | | NAMPA ID 83686 USA 3. New Registered Agent : ness Addresses of President, Secretary, and Directors. Treasurer (optional). | | ered Agent Si | gnature:** | | | |
| Office Held | Name | C33 Addi C33C3 Oi | Street or PO Address | City | State | Country | Postal Code | |
| PRESIDENT SECRETARY | DARON R STEVENS SHONNI STEVENS | | 119 S VALLEY DR, SUITE E 119 S VALLEY DR, SUITE E | Nampa Nampa | ID ID | USA USA | 83686 83686 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID C 152258 | | Signature: Shonni Stevens | | | Date: 10/16/2015 | | | |
| | | Name (type o | | Title: Secretary | | | | |
| Processed 10/16/2015 | * Electronically provided signatures are accepted as original signatures. | | | | | | | |