

| | | | | | | | |
|--|---------------|---|------------|--|---------|-------------|--|
| No. C 160983 | | Due no later than Jun 30, 2015 | | 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. KELLY A. SILVA, D.D.S., P.C. KELLY A SILVA 132 SOUTH 2ND STREET ST MARIES ID 83861 USA | | KELLY A SILVA 132 SOUTH 2ND STREET ST MARIES 83861 | | | |
| | | | | 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 | |
| SECRETARY | TRASK A SILVA | 132 SOUTH 2ND STREET | ST. MARIES | ID | USA | 83861 | |
| PRESIDENT | KELLY A SILVA | 132 SOUTH 2ND STREET | ST. MARIES | ID | USA | 83861 | |
| 5. Organized Under the Laws of: ID C 160983 | | 6. Annual Report must be signed.* Signature: Kelly A. Silva Name (type or print): Kelly A. Silva | | | | | |
| Date: 04/17/2015 Title: President | | | | | | | |
| Processed 04/17/2015 | | * Electronically provided signatures are accepted as original signatures. | | | | | |