

No. <b>C 124464</b>		<b>Due no later than Jun 30, 2016</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>Annual Report Form</b>		JAMISON R SPENCER 8119 USTICK RD #103 BOISE ID 83704			
		<b>1. Mailing Address: Correct in this box if needed.</b>		3. <u>New</u> Registered Agent Signature:*			
		CENTER FOR SLEEP APNEA & TMJ, PA (THE) JAMISON R SPENCER, DMD 8119 USTICK RD BOISE ID 83704					
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	JAMISON R SPENCER, DMD	315 BELLES LANDING CT.	CARRY	NC	USA	27519	
SECRETARY	JENNIFER R SPENCER	315 BELLES LANDING CT	CARRY	NC	USA	27519	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>ID C 124464</b>		Signature: Kyle Kunde			Date: 04/26/2016		
		Name (type or print): Kyle Kunde			Title: Accountant		
Processed 04/26/2016		* Electronically provided signatures are accepted as original signatures.					