

No. <b>C 124464</b>		<b>Due no later than Jun 30, 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>  CENTER FOR SLEEP APNEA & TMJ, PA (THE) JAMISON R SPENCER, DMD 8119 USTICK RD BOISE ID 83704		JAMISON R SPENCER 8119 USTICK RD #103 BOISE ID 83704			
						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	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:  <b>ID</b> <b>C 124464</b>		6. Annual Report must be signed.*  Signature: Kyle Kunde Name (type or print): Kyle Kunde					
Processed 04/26/2016		* Electronically provided signatures are accepted as original signatures.  Date: 04/26/2016 Title: Accountant					