No. <b>C 142283</b>	Due no later than		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.  BRYCE D. HANSON, D.M.D., P.A.  BRYCE D HANSON 1398 N 1100 E		BRYCE D HANSON 371 W FIR SHELLEY ID 83274			
NO FILING FEE IF RECEIVED BY DUE DATE	SHELLEY ID 83274		3. New Registered Agent Signature:*			
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).						
Office Held Name		PO Address Cit	<b>.</b>	tate	Country	Postal Code
	HANSON 1398 N 1 HANSON 1398 N 1			ID ID	USA USA	83274 83274
5. Organized Under the Laws of:	6. Annual Report must be signed.	6. Annual Report must be signed.*				
ID	Signature: Bryce D Hanson	ce D Hanson Date: 11/21/2015				
C 142283	Name (type or print): Bryce D H	anson	Title: President			
Processed 11/21/2015	* Electronically provided signatures are accepted as original signatures.					