

No. C 106962	Due no later than Jul 31, 2018 Annual Report Form		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. BOISE ORAL AND MAXILLOFACIAL SURGERY, P.A. KEVIN KEMPERS 3003 W. MAIN ST., 130 BOISE ID 83702		KEVIN KEMPERS DDS MD 3003 W. MAIN ST., 130 BOISE ID 83702			
			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	KEVIN KEMPERS	12625 N. SCHICKS RIDGE	BOISE	ID	USA	83714
SECRETARY	CHRISTIAN KEMPERS	12625 N. SCHICKS RIDGE	BOISE	ID	USA	83714
5. Organized Under the Laws of: ID C 106962	6. Annual Report must be signed.* Signature: Kevin Kempers Name (type or print): Kevin Kempers		Date: 05/21/2018 Title: President			
Processed 05/21/2018		* Electronically provided signatures are accepted as original signatures.				