

No. C 62343	Due no later than Oct 31, 2016 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. GALEN K. HAAS, D.D.S., P.A. GALEN K HAAS 1639 23RD AVE. LEWISTON ID 83501	GALEN K HAAS 1639 23RD AVE LEWISTON ID 83501 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	GALEN K HAAS	515 CRESTLINE CIRCLE CT.	LEWISTON	ID	USA	83501
5. Organized Under the Laws of: ID C 62343	6. Annual Report must be signed.* Signature: GALEN K. HAAS Name (type or print): GALEN K. HAAS		Date: 10/07/2016 Title: PRES			
Processed 10/07/2016		* Electronically provided signatures are accepted as original signatures.				