

No. <b>C 148394</b>		<b>Due no later than Mar 31, 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>  <b>1. Mailing Address: Correct in this box if needed.</b>  JOHN A SIMPSON, D.D.S., P.C. JOHN A SIMPSON 502 8TH STREET RUPERT ID 83350-1417		JOHN A SIMPSON 502 8TH STREET RUPERT ID 83350-1417			
				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	JOHN A SIMPSON DDS, PC	502 8TH STREET	RUPERT	ID	USA	83350-1417	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>ID C 148394</b>		Signature: John A. Simpson, DDS				Date: 01/19/2016	
		Name (type or print): John A. Simpson, DDS				Title: President	
Processed 01/19/2016		* Electronically provided signatures are accepted as original signatures.					