| No. <b>C 191342</b>  |                         | Due no later than Jun 30, 2015  |   | 2. Registere     | 2. Registered Agent and Address (NO PO BOX)  |            |                |  |
|--|-------------------------|---|---|------------------|--|------------|----------------|--|
| Return to:   |                         | Annual Report Form  |   |                  | TODD R BROYLES   |            |                |  |
| 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.  EAST BOISE DENTAL, P.C.  TODD R BROYLES  150 E BOISE AVE  STE B |   | STE B<br>BOISE   | The state of the s |            |                |  |
|  |                         | BOISE ID 83706<br>USA   |   |                  |  |            |                |  |
| 4. Corporations: Enter N   | ames and Busin          | ess Addresses of F  | President, Secretary, and Directors. Treasu | urer (optional). |  |            |                |  |
| Office Held  | Name                    |   | Street or PO Address                        | City             | State  | Country    | Postal Code    |  |
| SECRETARY<br>PRESIDENT   | KAREN L BR<br>TODD R BR |   | 3758 E TIMBERSAW DR<br>3758 E TIMBERSAW DR  | BOISE<br>BOISE   | ID<br>ID   | USA<br>USA | 83716<br>83716 |  |
| 5. Organized Under the Laws of:  |                         | 6. Annual Report must be signed.*   |   |                  |  |            |                |  |
| ID<br>C 191342   |                         | Signature: Kar  |   | Date: 04/20/2015 |  |            |                |  |
|  |                         | Name (type or   |   | Title: Secretary |  |            |                |  |
| Processed 04/20/2015   |                         | * Electronically pr   | ovided signatures are accepted as original  | signatures.      |  |            |                |  |