No. **C 166246**	**Due no later than Apr 30, 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.** IDAHO ORAL & MAXILLOFACIAL SURGERY, P.C. TIMOTHY T HOPKINS 590 FALLS AVE TWIN FALLS ID 83301	TIMOTHY T HOPKINS 590 FALLS AVE TWIN FALLS ID 83301 3. New 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	TIMOTHY T. HOPKINS	590 FALLS AVE	TWIN FALLS	ID	USA	83301

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **C 166246**	Signature: Timothy Hopkins	Date: 02/27/2018
	Name (type or print): Timothy Hopkins	Title: owner

Processed 02/27/2018

* Electronically provided signatures are accepted as original signatures.