

No. C 172701		Due no later than Apr 30, 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. SPIRIT LAKE FAMILY DENTAL, INC. TERRY T DEVORE PO BOX 1389 SPIRIT LAKE ID 83869-1389		TERRY DE VORE 6070 W JACKSON ST SPIRIT LAKE ID 83858			
						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	RITA M DEVORE	PO BOX 1389 6070 W JACKSON	SPIRIT LAKE	ID	USA	83869-1389	
PRESIDENT	TERRY T DEVORE	PO BOX 1389 6070 W JACKSON	SPIRIT LAKE	ID	USA	83869-1389	
5. Organized Under the Laws of: ID C 172701		6. Annual Report must be signed.* Signature: Dr. Terry DeVore Name (type or print): Dr. Terry DeVore					
Processed 04/26/2016		Date: 04/26/2016 Title: DDS * Electronically provided signatures are accepted as original signatures.					