

No. <b>C 172701</b>		<b>Due no later than Apr 30, 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>		TERRY DEVORE 6070 W JACKSON ST SPIRIT LAKE ID 83858			
		<b>1. Mailing Address: Correct in this box if needed.</b> SPIRIT LAKE FAMILY DENTAL, INC. TERRY T DEVORE PO BOX 1389 SPIRIT LAKE ID 83869-1389		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:		6. Annual Report must be signed.*					
<b>ID C 172701</b>		Signature: Dr. Terry DeVore			Date: 04/26/2016		
		Name (type or print): Dr. Terry DeVore			Title: DDS		
Processed 04/26/2016		* Electronically provided signatures are accepted as original signatures.					