

No. <b>C 157797</b>		<b>Due no later than Dec 31, 2014</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>  DR. D. BYRON KELLEY, D.D.S., P.C. DARRELL B KELLEY 35 S STATE PRESTON ID 83263		DR D BYRON KELLEY 232 N 8TH WEST PRESTON 83263			
				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	DARRELL B KELLEY	232 N 8TH WEST	PRESTON	ID	USA	83263	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>ID C 157797</b>		Signature: Darrell B Kelley DDS				Date: 10/15/2014	
		Name (type or print): Darrell B Kelley DDS				Title: Pres	
Processed 10/15/2014		* Electronically provided signatures are accepted as original signatures.					