

No. C 160908		Due no later than Jun 30, 2015 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. CEDAR CREEK DENTAL P.A. QUINN C MIKESELL 711 RIGBY LAKE DR #102 RIGBY ID 83442 USA		QUINN C MIKESELL 711 RIGBY LAKE DR #102 RIGBY ID 83442			
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors, Treasurer (optional).						3. <u>New</u> Registered Agent Signature:*	
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	QUINN C MIKESELL	711 RIGBY LAKE DR #102	RIGBY	ID	USA	83442	
5. Organized Under the Laws of: ID C 160908		6. Annual Report must be signed.* Signature: Quinn Mikesell Name (type or print): Quinn Mikesell					
		Date: 04/27/2015 Title: Owner					
Processed 04/27/2015 * Electronically provided signatures are accepted as original signatures.							