

No. C 140222		Due no later than Aug 31, 2016		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. SAVANNAH PLAZA FAMILY DENTISTRY, PC BROCK BOHLMAN 5993 W STATE ST STE B BOISE ID 83703		BROCK BOHLMAN 5993 W STATE ST STE B BOISE ID 83703			
				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	BROCK BOHLMAN	5993 W. STATE ST. STE B	BOISE	ID	USA	83703	
5. Organized Under the Laws of: ID C 140222		6. Annual Report must be signed.* Signature: Brock Bohlman Name (type or print): Brock Bohlman Date: 09/19/2016 Title: President					
Processed 09/19/2016		* Electronically provided signatures are accepted as original signatures.					