

No. C 140222		Due no later than Aug 31, 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		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			
NO FILING FEE IF RECEIVED BY DUE DATE				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.							