

No. C 135526		Due no later than Sep 30, 2017		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. SANDPOINT DENTURE CLINIC, INC. CARLA WOLFRUM 204 E SUPERIOR STE 9 SANDPOINT ID 83864		CARLA WOLFRUM 204 E SUPERIOR STE 9 SANDPOINT ID 83864				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	CARLA WOLFRUM	204 E SUPERIOR SUITE 9	SANDPOINT	ID	USA	83864			
5. Organized Under the Laws of: ID C 135526		6. Annual Report must be signed.* Signature: carla wolfrum Name (type or print): carla wolfrum Date: 10/30/2017 Title: president							
Processed 10/30/2017		* Electronically provided signatures are accepted as original signatures.							