

No. C 126780		Due no later than Dec 31, 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. PREMIER DENTAL CARE, P.C. THOMAS T ANDERSON 2685 CHANNING WAY IDAHO FALLS ID 83404		THOMAS T. ANDERSON 2685 CHANNING WAY IDAHO FALLS ID 83404		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	THOMAS T ANDERSON	2685 CHANNING WAY	IDAHO FALLS	ID		83404	
5. Organized Under the Laws of: ID C 126780		6. Annual Report must be signed.* Signature: THOMAS ANDERSON Name (type or print): THOMAS ANDERSON		Date: 11/13/2017 Title: PRESIDENT			
Processed 11/13/2017		* Electronically provided signatures are accepted as original signatures.					