

No. C 59634		Due no later than Nov 30, 2015		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. KYLE JAMES SIEMEN, D.M.D., P.A. KYLE J. SIEMEN, D.M.D.P.A 333 WEST CEDAR POCATELLO ID 83201		KYLE JAMES SIEMEN DMD PA 333 W CEDAR POCATELLO ID 83201	
				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	KYLE JAMES SIEMEN	333 WEST CEDAR	POCATELLO	ID	USA 83201
5. Organized Under the Laws of: ID C 59634		6. Annual Report must be signed.* Signature: Kyle Siemen Name (type or print): Kyle Siemen Date: 09/17/2015 Title: Owner/Dentist			
Processed 09/17/2015		* Electronically provided signatures are accepted as original signatures.			