

No. <b>C 167701</b>		<b>Due no later than Jun 30, 2017</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b>  COTTONWOOD DENTAL CARE PA STUART D MARSHALL 180 S MAIN ST STE B2 DRIGGS ID 83422		STUART MARSHALL 180 S MAIN ST STE B2 DRIGGS ID 83422			
						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	
SECRETARY	CAMILLE E MARSHALL	180 S MAIN STE B2	DRIGGS	ID	USA	83422	
PRESIDENT	STUART D MARSHALL	180 S MAIN STE B2	DRIGGS	ID	USA	83422	
5. Organized Under the Laws of:  <b>ID</b> <b>C 167701</b>		6. Annual Report must be signed.*  Signature: Jodi Clark Name (type or print): Jodi Clark					
		Date: 05/03/2017 Title: Office Manager					
Processed 05/03/2017		* Electronically provided signatures are accepted as original signatures.					