

No. C 136360	Due no later than Nov 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. JOEL NEWTON, D.D.S., P.A. JOEL NEWTON 2064 WASHINGTON ST NORTH TWIN FALLS ID 83301		JOEL NEWTON DDS 2064 WASHINGTON ST NORTH TWIN FALLS ID 83301			
			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	JOEL NEWTON	2064 WASHINGTON ST NORTH	TWIN FALLS	ID	USA	83301-3071
5. Organized Under the Laws of: ID C 136360	6. Annual Report must be signed.* Signature: Joel Newton Name (type or print): Joel Newton		Date: 09/19/2017 Title: Doctor			
Processed 09/19/2017		* Electronically provided signatures are accepted as original signatures.				