

No. C 195130		Due no later than Jun 30, 2017		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. SAGE CREEK DENTAL, P.C. GREG GREG GODFREY 1186 EASTLAND DR. NORTH A TWIN FALLS ID 83301 USA		DR GREG GODFREY 3636 SAGE VIEW LN KIMBERLY ID 83341			
				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	
DIRECTOR	GREG B GODFREY	1186 EASTLAND DR. N. STE. A	TWIN FALLS	ID	USA	83301	
SECRETARY	SHALET M GODFREY	3636 SAGE VIEW LN	KIMBERLY	ID	USA	83341	
PRESIDENT	GREG B GODFREY	1186 EASTLAND DR. N. STE. A	TWIN FALLS	ID	USA	83301	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID C 195130		Signature: Greg B Godfrey				Date: 06/23/2017	
		Name (type or print): Greg B Godfrey				Title: President	
Processed 06/23/2017		* Electronically provided signatures are accepted as original signatures.					