No. C 184836		Due no later than Oct 31, 2013 Annual Report Form 1. Mailing Address: Correct in this box if needed. AMANDA GALLEGOS, DMD, P.C. AMANDA GALLEGOS 704 N 17TH ST BOISE ID 83702		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	AMANDA GA AMANDA G 704 N 17TH			AMANDA GALLEGOS 704 N 17TH ST BOISE ID 83702 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE	E						
Office Held Names a		of President, Secretary, and Directors. Treas Street or PO Address	City	State	Country	Postal Code	
SECRETARY DOR	A M GALLEGOS NDA M GALLEGOS	311 E 38TH ST 704 N 17TH ST	GARDEN CITY BOISE	ID ID	USA USA	83714 83702	
5. Organized Under the Laws of	f: 6. Annual Rep	6. Annual Report must be signed.*					
ъ	Signature: /	Signature: Amanda Gallegos			Date: 10/29/2013		
C 184836	Name (type	Name (type or print): Amanda Gallegos			Title: Pres.		
Processed 10/29/2013	* Electronically	* Electronically provided signatures are accepted as original signatures.					