

No. <b>C 139629</b>		<b>Due no later than Jun 30, 2014</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>  AMMON DENTAL, P.A. BRAD OSWALD 3456 E 17TH STE 115 AMMON ID 83406		DR BRAD OSWALD 3456 E 17TH ST STE 115 AMMON ID 83406			
				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	KRIS OSWALD	3456 E 17 TH ST 2195 QUAIL RIDGE DR.	AMMON	ID	USA	83406	
PRESIDENT	BRAD OSWALD	3456 E 17TH ST 2195 QUAIL RIDGE DR.	AMMON	ID	USA	83406	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>ID C 139629</b>		Signature: Brad Oswald D.D.S Name (type or print): Brad Oswald D.D.S			Date: 05/12/2014 Title: President		
Processed 05/12/2014		* Electronically provided signatures are accepted as original signatures.					