| No. C 182769 | | THE PROPERTY OF THE CONTRACT OF THE CONTRACT OF THE PROPERTY OF THE CONTRACT O | | 2. Registered | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|---|--|-----------------------------------|-----------------------|--|---------|-------------|--|
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | Annual Report Form 1. Mailing Address: Correct in this box if needed. RYAN M. PAYNE, D.M.D., P.C. RYAN M PAYNE DMD 1975 S. BROADWAY AVE BOISE ID 83706 | | 1975 S. B BOISE ID | RYAN PAYNE DMD 1975 S. BROADWAY AVE BOISE ID 83706-8370 3. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE 4. Corporations: Enter Names and Busin | | ess Addresses of Presi | dent Secretary and Directors Trea | surer (ontional) | | | | |
| Office Held | Name | cos / tauresses or rivesr | Street or PO Address | City | State | Country | Postal Code | |
| PRESIDENT | RYAN M PAYNE | | 1975 S. BROADWAY AVE | BOISE | ID | | 83706 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID C 182769 | | Signature: Ryan MPayne | | | Date: 02/26/2018 | | | |
| | | Name (type or prin | | Title: President | | | | |
| Processed 02/26/2018 | * Electronically provided signatures are accepted as original signatures. | | | | | | | |