No. C 185490	Due no later than Dec 31, 2014	2. Registered Agent and Address (NO PO BOX)			
Return to:	Annual Report Form	MARK MARLOWE 3365 S HOLMES AVE IDAHO FALLS 83404 3. New Registered Agent Signature:*			
SECRETARY OF STATE	1. Mailing Address: Correct in this box if needed.				
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	MARLOWE PEDIATRIC DENTISTRY, P.A. MARK MARLOWE 3365 S HOLMES AVE				
	IDAHO FALLS ID 83404				
NO FILING FEE IF RECEIVED BY DUE DATE					
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 MARK MARI	OWE 3835 TAYLORVIEW LANE	AMMON	ID	USA	83406
5. Organized Under the Laws of:	6. Annual Report must be signed.*				
ID	Signature: Mark Marlowe	Date: 01/26/2015			
C 185490	Name (type or print): Mark Marlowe	Title: President			
Processed 01/26/2015	* Electronically provided signatures are accepted as original signatures.				