No. C 166302	Due	2. Registered Agent and Address (NO PO BOX)					
Return to:	□	Annual Report Form		JOHN C MATUNAS			
SECRETARY OF STATE	1. Mailing Address: Correct in this box if needed. IDAHO DENTAL FOUNDATION, INC. JOHN C MATUNAS 8000 USTICK RD BOISE ID 83704-5751		8000 USTICK RD BOISE ID 83704-5751 3. New Registered Agent Signature:*				
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080							
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Corporations: Enter Names and Bus	iness Addresses of P	resident, Secretary, and Directors. Treasurer	(optional).				
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
DIRECTOR DR JOHN S KRIZ		5543 WEST SCHOOL RIDGE ROAD	BOISE	ID	USA	83714	
	LD L GEORGE	1046 WALLEN RD	MOSCOW	ID	USA	83843	
PRESIDENT DR JOHN	MATUNAS	8000 USTICK ROAD	BOISE	ID	USA	83704-5751	
5. Organized Under the Laws of: 6. Annual Report		must be signed.*					
ID Signature: John		Matunas		Date: 02/11/2014			
C 166302 Name (type or		int): John C Matunas Title			: President		
Processed 02/11/2014	* Electronically pro	ovided signatures are accepted as original sig	natures.				