

No. C 125491		Due no later than Sep 30, 2015 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. DENTURE CLINIC, INC. 3456 E 17TH ST STE 140 IDAHO FALLS ID 83406		CINDY GIOVANINI 465 MAY ST IDAHO FALLS ID 83401			
NO FILING FEE IF RECEIVED BY DUE DATE				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	
DIRECTOR	CINDY GIOVANINI	465 MAY STREET	IDAHO FALLS	ID	USA	83401	
DIRECTOR	FRED GIOVANINI	465 MAY STREET	IDAHO FALLS	ID	USA	83401	
SECRETARY	CINDY GIOVANINI	465 MAY STREET	IDAHO FALLS	ID	USA	83401	
PRESIDENT	FRED GIOVANINI	465 MAY STREET	IDAHO FALLS	ID	USA	83401	
5. Organized Under the Laws of: ID C 125491		6. Annual Report must be signed.* Signature: ROBERT CRANDALL Name (type or print): ROBERT CRANDALL					
		Date: 07/22/2015 Title: AGENT					
Processed 07/22/2015 * Electronically provided signatures are accepted as original signatures.							