

No. C 205030	Due no later than Feb 28, 2017 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 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed.		VERONICA MONTGOMERY 5360 N EAGLE RD STE 101 BOISE ID 83713			
	BOISE CARING DENTISTRY, PC VERONICA MONTGOMERY 5360 N EAGLE RD STE 101 BOISE ID 83713		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
PRESIDENT	VERONICA MONTGOMERY	5360 N EAGLE RD ST 101	BOISE,	ID	USA	83713
5. Organized Under the Laws of: ID C 205030		6. Annual Report must be signed.* Signature: VERONICA MONTGOMERY Name (type or print): VERONICA MONTGOMERY		Date: 02/09/2017 Title: PRESIDENT		
Processed 02/09/2017		* Electronically provided signatures are accepted as original signatures.				