No. **C 153280**	**Due no later than Feb 29, 2016** **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.** FOUR SEASON DENTAL, P.C. KIM SMITH 115 E CHAPEL RD POCATELLO ID 83201	KIM SMITH 115 E CHAPEL RD POCATELLO ID 83201 3. New 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	KIM SMITH	115 E. CHAPEL RD.	POCATELLO	ID	USA	83201

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **C 153280**	Signature: R. Kim Smith DDS	Date: 12/30/2015
	Name (type or print): R. Kim Smith DDS	Title: Owner

Processed 12/30/2015

* Electronically provided signatures are accepted as original signatures.