

No. C 157165	Due no later than Nov 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 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. CENTER FOR CONTEMPORARY DENTISTRY, P.C. TIM HUFF 3157 S BOWN WAY STE 200 BOISE ID 83706	DR TIMOTHY J HUFF DDS 3157 S BOWN WY STE 200 BOISE ID 83706				
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).		3. <u>New</u> Registered Agent Signature:*				
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
SECRETARY	TIM J HUFF	3200 E. SWEETWATER DR.	BOISE	ID	USA	83716
PRESIDENT	TIMOTHY J HUFF	3200 E. SWEETWATER DR.	BOISE	ID	USA	83716
5. Organized Under the Laws of: ID C 157165	6. Annual Report must be signed.* Signature: Tim Huff DDS Name (type or print): Tim Huff DDS		Date: 10/27/2015 Title: President			
Processed 10/27/2015		* Electronically provided signatures are accepted as original signatures.				