

No. <b>C 173537</b>	<b>Due no later than Jun 30, 2017</b> <b>Annual Report Form</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>1. Mailing Address: Correct in this box if needed.</b> CHILDREN'S DENTISTRY OF POCATELLO, P.A. ROBERT CRANDALL PO BOX 1811 IDAHO FALLS ID 83403		ROSS HUGUES 1246 YELLOWSTONE AVE STE 3B POCATELLO ID 83201			
			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	ROSS HUGUES	1246 YELLOWSTONE AVE STE 3B	POCATELLO	ID	USA	83201
5. Organized Under the Laws of:  <b>ID C 173537</b>		6. Annual Report must be signed.* Signature: ROBERT CRANDALL Name (type or print): ROBERT CRANDALL		Date: 05/03/2017 Title: AGENT		
Processed 05/03/2017		* Electronically provided signatures are accepted as original signatures.				