No. <b>C 152943</b>		Due no later than Feb 28, 2017			2. Registered Agent and Address (NO PO BOX)			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form  1. Mailing Address: Correct in this box if needed.  KEITH W. NANCE, DDS, P.C.  1722 MAIN AVENUE  ST MARIES ID 83861		KEITH W NANCE 1722 MAIN AVENUE ST MARIES ID 83861  3. New Registered Agent Signature:*				
RECEIVED BY	Y DUE DATE	ess Addresses of	President, Secretary, and Directors. Tre	easurer (d	optional).			
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
PRESIDENT	KEITH W N	ANCE	1722 MAIN AVENUE		ST. MARIES	ID	USA	83861
5. Organized Under the Laws of:		6. Annual Report						
ID		Signature: Keith W. Nance, DDS			Date: 02/15/2017			
C 152943		Name (type or print): Keith W. Nance,DDS			Title: President			
Processed 02/15/20:	17	* Electronically pr	ovided signatures are accepted as origi	inal signa	itures.			