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| No. C 187187 | | Due no later than May 31, 2016 | | 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 | | Annual Report Form 1. Mailing Address: Correct in this box if needed. RIVERSTONE ORTHODONTICS, PC SUSAN CHAFFEE 2140 W RIVERSTONE DR #301 COEUR D'ALENE ID 83814 | | SUSAN CHAFFEE 2140 W RIVERSTONE DR #301 COEUR D'ALENE ID 83814 | | | |
| | | | | 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 | |
| SECRETARY | SUSAN G CHAFFEE | 2140 W. RIVERSTONE DR. STE 301 | COEUR D'ALENE | ID | USA | 83814 | |
| PRESIDENT | MICHAEL P CHAFFEE | 2140 W. RIVERSTONE DR. STE. 301 | COEUR D'ALENE | ID | USA | 83814 | |
| 5. Organized Under the Laws of: ID C 187187 | | 6. Annual Report must be signed.* Signature: Susan Chaffee Name (type or print): Susan Chaffee Date: 03/24/2016 Title: secretary treas. | | | | | |
| Processed 03/24/2016 | | * Electronically provided signatures are accepted as original signatures. | | | | | |