No. C 166302	Distribution Carting Supplementation and Suppl		2. Registered Agent and Address (NO PO BOX)				
Return to:	Annual Report Form			MATUNAS			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	IDAHO DENTAL FOUN JOHN C MATUNAS 8000 USTICK RD	,	8000 USTICK RD BOISE 83704-5751				
NO FILING FEE IF RECEIVED BY DUE DATE		14-5751		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	
	KRIZ D E FERGUSON MATUNAS	5543 WEST SCHOOL RIDGE ROAD 813 NORTH STILSON ROAD SUITE C 8000 USTICK ROAD	BOISE BOISE BOISE	ID ID	USA USA USA	83714-9463 83703-5119 83704-5751	
5. Organized Under the Laws of: 6. Annual Report must be sign							
ID Signature: JOHN (IATUNAS	Date: 02/17/2015				
C 166302	Name (type or print): JOHN C MATUNAS			Title: PRESIDENT			
Processed 02/17/2015 * Electronically provided signatures are accepted as original signatures.							