





## STATE OF IDAHO

Office of the secretary of state, Phil McGrane
ANNUAL REPORT

Idaho Secretary of State PO Box 83720 Boise, ID 83720-0080 (208) 334-2301 Filing Fee: \$0.00 For Office Use Only

-FILED-

File #: 0006002260

Date Filed: 12/3/2024 11:45:55 AM

| Entity Name and Mailing Address:  |                          |   |               |  |
|---|--------------------------|---|---------------|--|
| Entity Name:  |                          | MCRAE DENTAL P.A.                       |               |  |
| The file number of this entity on the records of the Idaho Secretary of State is:                     |                          | 0000403782                              |               |  |
| Address   |                          | 1067 S WELLS ST                         |               |  |
|   |                          | MERIDIAN, ID 83642-8596                 |               |  |
| Entity Details:   |                          |   |               |  |
| Entity Status   |                          | Active-Good Standing                    |               |  |
| This entity is organized under the laws of:   |                          | IDAHO                                   |               |  |
| If applicable, the old file number of this entity on the records of the Idaho Secretary of State was: |                          | C132108                                 |               |  |
| The registered agent on record is:  |                          |   |               |  |
| Registered Agent  |                          | LON C MCRAE D.M.D.                      |               |  |
|   |                          | Registered Agent                        |               |  |
|   |                          | Physical Address                        |               |  |
|   |                          | 1067 S. WELLS ST.<br>MERIDIAN, ID 83642 |               |  |
|   |                          | Mailing Address                         |               |  |
|   |                          |   |               |  |
| Agent or Address Change   |                          |   |               |  |
| Select if you are appointing a new  | v agent.                 |   |               |  |
| Corporate Officers and Directors:   |                          |   |               |  |
| Name  | Title                    | Bus                                     | iness Address |  |
| Lon C MCRae   | President                | 1067 S. WELLS DR.<br>MERIDIAN, ID 83642 |               |  |
|   |                          |   |               |  |
| The annual report must be signed by an authorize  | ed signer of the entity. |   |               |  |
| Job Title: owner  |                          |   |               |  |
|   |                          |   |               |  |
| Lon McRae   |                          |   | 12/03/2024    |  |
| Sign Here   |                          |   | Date          |  |