No. C 181842	Due no later than Feb 28, 2014	2. Registered Agent and Address (NO PO BOX)
Return to:	Annual Report Form	DAVID MOSS
SECRETARY OF STATE	1. Mailing Address: Correct in this box if needed.	9095 N HESS ST SUITE 201 HAYDEN ID 83835
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	MOSS FAMILY DENTISTRY, P.A. DAVID L MOSS 9095 N HESS ST SUITE 201	TWIDEN ID 03033
	HAYDEN ID 83835	3. New Registered Agent Signature:*
NO FILING FEE IF RECEIVED BY DUE DATE	USA	
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
PRESIDENT DAVID MOS	S 4024 W LOXTON LOOP	COEUR D'ALENE ID USA 83815
5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID	Signature: David Moss	Date: 12/17/2013
C 181842	Name (type or print): David Moss	Title: President
Processed 12/17/2013	* Electronically provided signatures are accepted as original signatures.	