

No. C 185490		Due no later than Dec 31, 2013 Annual Report Form		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		1. Mailing Address: Correct in this box if needed. MARLOWE PEDIATRIC DENTISTRY, P.A. MARK MARLOWE 3365 S HOLMES AVE IDAHO FALLS ID 83404		MARK MARLOWE 3365 S HOLMES AVE IDAHO FALLS ID 83404			
				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	
PRESIDENT	MARK MARLOWE	800 KATIE CT	IDAHO FALLS	ID	USA	83406	
5. Organized Under the Laws of: ID C 185490		6. Annual Report must be signed.* Signature: Mark Marlowe Name (type or print): Mark Marlowe Date: 11/04/2013 Title: President					
Processed 11/04/2013		* Electronically provided signatures are accepted as original signatures.					