No. **C 194620**	**Due no later than May 31, 2017** **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.** TWIN FALLS S4K, P.C. TREVOR P SMITH DDS 2370 CANDLERIDGE DR TWIN FALLS ID 83301	TREVOR SMITH DDS 2370 CANDLERIDGE DR TWIN FALLS ID 83301 3. New 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	HEATHER MARCELLA SMITH	2370 CANDLERIDGE DR	TWIN FALLS	ID	USA	83301-5121
PRESIDENT	TREVOR PARKER SMITH	2370 CANDLERIDGE DR	TWIN FALLS	ID	USA	83301-5121

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **C 194620**	Signature: Trevor Smith	Date: 04/08/2017
	Name (type or print): Trevor Smith	Title: President

Processed 04/08/2017

* Electronically provided signatures are accepted as original signatures.