

No. <b>C 145238</b>		<b>Due no later than Aug 31, 2018</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b>  ELISON DENTAL CENTER P.A. MICHAEL A ELISON 1630 ELK CREEK DRIVE IDAHO FALLS ID 83404		MICHAEL A ELISON 1630 ELK CREEK DRIVE 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	
SECRETARY	JAMIE T ELISON	655 CASTLEROCK LANE	IDAHO FALLS	ID	USA	83404	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>ID C 145238</b>		Signature: Michael Elison				Date: 07/12/2018	
		Name (type or print): Michael Elison				Title: President	
Processed 07/12/2018		* Electronically provided signatures are accepted as original signatures.					