

No. C 196938		Due no later than Dec 31, 2015		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. STONE RIDGE DENTAL, P.C. CURTIS W CARPENTER 295 ANDERSON ROAD SHELLEY ID 83274		CURTIS W CARPENTER 295 ANDERSON SHELLEY ID 83274			
				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	
DIRECTOR	CURTIS W CARPENTER	1433 NORTH 980 EAST	SHELLEY	ID	USA	83274	
SECRETARY	CURTIS W CARPENTER	1433 NORTH 980 EAST	SHELLEY	ID	USA	83274	
PRESIDENT	CURTIS W CARPENTER	1433 NORTH 980 EAST	SHELLEY	ID	USA	83274	
5. Organized Under the Laws of: ID C 196938		6. Annual Report must be signed.* Signature: Curtis Carpenter Name (type or print): Curtis Carpenter Date: 10/20/2015 Title: President					
Processed 10/20/2015		* Electronically provided signatures are accepted as original signatures.					