

No. C 140521		Due no later than Aug 31, 2018		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. MATTHEW G. FETHKE, DDS, P.C. MATTHEW G FETHKE DDS 12212 W AMITY BOISE ID 83709-5389		MATTHEW G FETHKE 12212 W AMITY RD BOISE ID 83709-5389				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	MATTHEW G FETHKE	12212 W. AMITY	BOISE	ID	USA	83709-5389			
5. Organized Under the Laws of:		6. Annual Report must be signed.*							
ID C 140521		Signature: Matthew G Fethke				Date: 07/16/2018			
		Name (type or print): Matthew G Fethke				Title: Owner			
Processed 07/16/2018		* Electronically provided signatures are accepted as original signatures.							