

No. C 106669	Due no later than Jun 30, 2016 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. KEVIN L. HAMBLIN, DDS, PC KEVIN LAVAR HAMBLIN 1415 N FILLMORE STE 701 TWIN FALLS ID 83301	KEVIN L HAMBLIN 1415 N FILLMORE STE 701 TWIN FALLS ID 83301				
		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	KEVIN L HAMBLIN	1415 N FILLMORE STE 701	TWIN FALLS	ID	USA	83301
5. Organized Under the Laws of: ID C 106669	6. Annual Report must be signed.* Signature: Kevin Hamblin Name (type or print): Kevin Hamblin		Date: 06/07/2016 Title: President			
Processed 06/07/2016		* Electronically provided signatures are accepted as original signatures.				