No. C 193641	Due no later than Feb 28, 2015		2.	2. Registered Agent and Address (NO PO BOX)			
Return to:	Annual Report Form 1. Mailing Address: Correct in this box if needed. ALPINE DENTAL, P.C. BRYCE A BURTENSHAW 200 N WOODRUFF AVE IDAHO FALLS ID 83401			BRYCE BURTENSHAW 200 N WOODRUFF AVE IDAHO FALLS 83401 3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080							
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).							
Office Held Name		Street or PO Address	C	City	State	Country	Postal Code
PRESIDENT BRYCE BURTENSHAW		200 N. WOODRUFF	II	DAHO FALLS	ID	USA	83401
5. Organized Under the Laws of:	6. Annual Report must be signed.*						
ID	Signature: bb			Date: 12/16/2014			
C 193641	Name (type or print): bb			Title: president			
Processed 12/16/2014	* Electronically provided signatures are accepted as original signatures.						