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| No. C 195130 | | Due no later than Jun 30, 2013 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. SAGE CREEK DENTAL, P.C. DR GREG GODFREY 524 BUTTE DR TWIN FALLS ID 83301 | | DR GREG GODFREY 524 BUTTE DR 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 | |
| DIRECTOR | GREG B GODFREY | 1186 EASTLAND DR. N. STE. A | TWIN FALLS | ID | USA | 83301 | |
| SECRETARY | SHALET M GODFREY | 524 BUTTE DR | TWIN FALLS | ID | USA | 83301 | |
| PRESIDENT | GREG B GODFREY | 1186 EASTLAND DR. N. STE. A | TWIN FALLS | ID | USA | 83301 | |
| 5. Organized Under the Laws of: ID C 195130 | | 6. Annual Report must be signed.* Signature: Teresa Roberts Name (type or print): Teresa Roberts | | | | | |
| | | Date: 05/09/2013 Title: Financial Coordinator | | | | | |
| Processed 05/09/2013 * Electronically provided signatures are accepted as original signatures. | | | | | | | |