

No. C 195130		Due no later than Jun 30, 2013		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. 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.					