No. <b>C 132325</b>		Due no l	2. Registered Ag	. Registered Agent and Address (NO PO BOX)			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form  1. Mailing Address: Correct in this box if needed.  CHAD W. DODDS, D.D.S., P.A.  CHAD W DODDS  1415 FILMORE ST STE 700  TWIN FALLS ID 83301  USA		CHAD W DODDS  1415 FILMORE ST STE 700  TWIN FALLS ID 83301  3. New Registered Agent Signature:*			
RECEIVED BY DUE DATE		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
		ess Addresses of Presido	ent, Secretary, and Directors. Treasur				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code
TREASURER (	REASURER CHAD W DODDS		1415 FILLMORE SUITE 700	TWIN FALLS	ID	USA	83301
PRESIDENT CHAD W DOD		DDDS	1415 FILLMORE SUITE 700	TWIN FALLS	ID	USA	83301
SECRETARY (	ECRETARY CHAD W DODDS		1415 FILLMORE SUITE 700	TWIN FALLS	ID	USA	83301
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID		Signature: Chad W. Dodds, D.D.S.			Date: 11/09/2012		
C 132325		Name (type or print): Chad W. Dodds, D.D.S.			Title: Owner/Dentist		
Processed 11/09/2012	* Electronically provided signatures are accepted as original signatures.						