

No. C 184483		Due no later than Sep 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. IDAHO CENTER DENTAL CARE INC CHRIS SATCHWELL 5826 E FRANKLIN RD NAMPA ID 83687		DR CHRIS SATCHWELL 16377 N MARKETPLACE BLVD NAMPA ID 83687		
				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
TREASURER	MICHAEL PAYNE	3289 N TOWERBRIDGE WAY	MERIDIAN	ID	USA	83646
SECRETARY	JAMES ANDERSON	3626 W 5600 S STE D	ROY	ID	USA	84067
DIRECTOR	CHRIS SATCHWELL	3732 W DAISY CREEK ST	MERIDIAN	ID	USA	83642
PRESIDENT	CHAD WOLFF	12346 W CARIBEE INLET	STAR	ID	USA	83669
5. Organized Under the Laws of: ID C 184483		6. Annual Report must be signed.* Signature: William wolff Name (type or print): William wolff Date: 08/09/2013 Title: President				
Processed 08/09/2013		* Electronically provided signatures are accepted as original signatures.				