

No. C 161011		Due no later than Jun 30, 2017		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		NEAL JOHNSON 3433 HILAND AVE BURLEY ID 83318			
		1. Mailing Address: Correct in this box if needed.		3. <u>New</u> Registered Agent Signature:*			
		MAGIC VALLEY FAMILY DENTAL, PC NEAL L JOHNSON 1408 POMERELLE AVE SUITE A BURLEY ID 83318					
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	
SECRETARY	LAUNI N JOHNSON	1408 POMERELLE AVE SUITE A	BURLEY	ID	USA	83318	
PRESIDENT	NEAL L JOHNSON	1408 POMERELLE AVE SUITE A	BURLEY	ID	USA	83318	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID C 161011		Signature: Launi Johnson			Date: 04/28/2017		
		Name (type or print): Launi Johnson			Title: secretary		
Processed 04/28/2017		* Electronically provided signatures are accepted as original signatures.					