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| No. C 188205 | Due no later than Aug 31, 2016 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. ATWOOD DENTAL, PA BRODIE S ATWOOD 1759 W BROADWAY IDAHO FALLS ID 83402 | KEVIN C KOPLIN 1000 RIVERWALK DR STE 100 IDAHO FALLS ID 83401 |
| | | 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 |
| PRESIDENT | BRODIE S ATWOOD | 809 ADELL AVE. |
| City | State | Country |
| IDAHO FALLS | ID | USA |
| Postal Code | 83402 | |
| 5. Organized Under the Laws of: ID C 188205 | 6. Annual Report must be signed.* Signature: Brodie Atwood Name (type or print): Brodie Atwood Date: 07/29/2016 Title: President/Owner | |
| Processed 07/29/2016 * Electronically provided signatures are accepted as original signatures. | | |