No. C 179100			2. Registere	2. Registered Agent and Address (NO PO BOX)			
Return to:	Annual Report Form		10 March 201 Mar	CHRIS A THOMASON			
SECRETARY OF STATE	1. Mailing Address: Correct in this box if needed. EAGLE DENTAL CARE, P.C. CHRIS A THOMASON 151 N STIERMAN WAY EAGLE ID 83616			151 N. STIERMAN WAY EAGLE ID 83616-8361			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080			LAGLE I				
			3. New Reg	3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE							
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 MEREDITH THOMASON 698 E. CLOVERHILL CT		EAGLE	ID	USA	83616		
5. Organized Under the Laws of: 6. Annual Report must be signed.*							
ID	Signature: Chris		Date: 07/26/2018				
C 179100	C 179100 Name (type or print): Chris Thomason			Title: President			
Processed 07/26/2018	* Electronically provided signatures are accepted as original signatures.						