No. <b>C 193641</b>		ue no later than Feb 28, 2014	2. Registered Ag	2. 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.  ALPINE DENTAL, P.C.  BRYCE A BURTENSHAW  200 N WOODRUFF AVE  IDAHO FALLS ID 83401		200 N WOODF IDAHO FALLS	BRYCE BURTENSHAW 200 N WOODRUFF AVE IDAHO FALLS ID 83401  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE							
200 00 0	ess Addresses of	President, Secretary, and Directors. Treasu					
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
PRESIDENT BRYCE BUR	ΓENSHAW	200 N. WOODRUFF	IDAHO FALLS	ID	USA	83401	
5. Organized Under the Laws of:	6. Annual Repor	t must be signed.*					
ID	Signature: Br		Date: 12/30/2013				
C 193641	Name (type or print): Bryce Burtenshaw			Title: Pres			
Processed 12/30/2013	* Electronically provided signatures are accepted as original signatures.						