No. <b>C 214606</b>		Due no later than Aug 31, 2018		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	CARIBOU F	Annual Report Form  Address: Correct in this box if needed.  AMILY DENTAL, INC.  1ST SOUTH  83241	1310 S VIST BOISE ID 8	INCORP SERVICES, INC.  1310 S VISTA AVE STE 27  BOISE ID 83241-8324  3. New Registered Agent Signature:*			
A Corporations: Enter Names and	Rusiness Addresses	of President, Secretary, and Directors. Treas	urer (entional)				
Office Held Name	business Addresses	Street or PO Address	City	State	Country	Postal Code	
	T PERKINS	114 WEST 1ST SOUTH	GRACE	ID	USA	83241	
5. Organized Under the Laws of:  ID  C 214606  6. Annual Report must be signed.*  Signature: Robert Perkins  Name (type or print): Robert Perkins		Robert Perkins		Date: 08	/27/2018 wner		
Processed 08/27/2018	* Electronicall	* Electronically provided signatures are accepted as original signatures.					