No. C 195751				2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	HEARTWOO LOGAN F H 2985 STAGE	Annual Report Form 1. Mailing Address: Correct in this box if needed. HEARTWOOD FAMILY DENTAL, P.C. LOGAN F HAZARD 2985 STAGECOACH POST FALLS ID 83854		LOGAN F HAZARD 2985 STAGECOACH POST FALLS ID 83854 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Corporations: Enter Names and Bus	siness Addresses o	of President, Secretary, and Directors. Treas	surer (optional).				
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
PRESIDENT LOGAN F HAZARD 2985 STAGECOACH			POST FALLS	ID	USA	83854	
6. Annual Report must be signed.*							
ID ID	Signature: L	ogan Hazard		Date: 07/11/2014			
C 195751	Name (type or print): Logan Hazard			Title: President			
Processed 07/11/2014	* Electronically	* Electronically provided signatures are accepted as original signatures.					