

No. <b>C 137121</b>		<b>Due no later than Jan 31, 2016</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b>  RIVER CITY DENTISTRY, A PROFESSIONAL CORPORATION DONNA S SCHAU DDS 1910 E SCHNEIDMILLER AVE STE B POST FALLS ID 83854		DONNA S SCHAU DDS 1910 E SCHNEIDMILLER AVE STE B POST FALLS ID 83854			
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	City	State	Country	Postal Code	
PRESIDENT	DONNA SCHAU	1910 E SCHNEIDMILLER AVE SUITE B	POST FALLS	ID	USA	83854	
5. Organized Under the Laws of:  <b>ID</b> <b>C 137121</b>		6. Annual Report must be signed.*  Signature: donna schau Name (type or print): donna schau  Date: 01/07/2016 Title: owner					
Processed 01/07/2016 * Electronically provided signatures are accepted as original signatures.							