No. C 156910 Return to:		Due no later than Oct 31, 2015 Annual Report Form 1. Mailing Address: Correct in this box if needed. BOISE DENTAL SPECIALISTS SUBDIVISION PROPERTY OWNERS' ASSOCIATION, INC. SCOTT FREEMAN 6363 EMERALD ST BOISE ID 83704 USA		Registered Agent and Address (NO PO BOX) SCOTT FREEMAN DMD			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	BOISE DENT OWNERS' A SCOTT FR 6363 EMER BOISE ID			6363 EMERALD ST BOISE ID 83704 3. New Registered Agent Signature:*			
4. Corporations: Enter Names and	Business Addresses	of President, Secretary, and Directors. Trea	surer (optional)				
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
TREASURER SCOT	Γ FREEMAN	(6363 EMERALD	BOISE	ID	USA	83704	
5. Organized Under the Laws of: 6. Annual Report must be signed.*							
ID	ID Signature: Scott Freeman, D.M.D.			Date: 08/26/2015			
C 156910	Name (type	e or print): Scott Freeman, D.M.D.		Title: Owner			
Processed 08/26/2015	* Electronically	* Electronically provided signatures are accepted as original signatures.					