No. <b>C 148562</b>		Due no later than Apr 30, 2015 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.  ASPEN VALLEY FAMILY DENTISTRY, P.A.  MARCUS D NEFF  298 E 400 N  BLACKFOOT ID 83221		MARCUS D NEFF 298 E 400 N BLACKFOOT 83221  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE  4. Corporations: Enter Names and Busine		ess Addresses of President, Secretary, and Directors. Treas	surer (	optional).			
2001	lame	Street or PO Address		City	State	Country	Postal Code
	IARCUS D IARCUS D			BLACKFOOT BLACKFOOT	ID ID	USA USA	83221 83221
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID		Signature: Marcus D Neff		Date: 02/18/2015			
C 148562		Name (type or print): Marcus D Neff		Title: President			
Processed 02/18/2015 * Electronically provided signatures are accepted as original signatures.							