No. C 68586	Due no later than Dec 31, 2017		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE	Annual Report Form 1. Mailing Address: Correct in this box if needed. G.W. THOMPSON, D.M.D., P.A. GEFFREY W THOMPSON 1322 KATHLEEN AVE STE 1 COEUR D'ALENE ID 83815		GEFFREY W THOMPSON 1322 KATHLEEN AVE STE 1 COEUR D'ALENE ID 83815 3. New Registered Agent Signature:*			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080						
NO FILING FEE IF RECEIVED BY DUE DATE	·					
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 GEFFREY W	/ THOMPSON	1322 W. KATHLEEN AVENUE SUITE 1	COEUR D ALENE	ID	USA	83815
5. Organized Under the Laws of: 6. Annual Report must be signed.*						
ID	ID Signature: Geffrey Thompson		Date: 10/30/2017			
C 68586 Name (type or print): Geffrey Thompson		: Geffrey Thompson	Title: Owner			
Processed 10/30/2017	* Electronically provided signatures are accepted as original signatures.					