No. **C 114764**	**Due no later than Apr 30, 2017** **Annual Report Form**	2. Registered Agent and Address **(NO PO BOX)**
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 **NO FILING FEE IF RECEIVED BY DUE DATE**	**1. Mailing Address: Correct in this box if needed.** NORTH COLLEGE DENTAL, P.C. MARNI A PETERSON 1411 N FILLMORE ST STE 601 TWIN FALLS ID 83301 USA	MARK C LAMBERT DMD PC 1411 N FILLMORE #601 TWIN FALLS ID 83301 3. New 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	MARK C LAMBERT, DMD	1411 N. FILLMORE #601	TWIN FALLS	ID	USA	83301

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **C 114764**	Signature: Marni Peterson Name (type or print): Marni Peterson	Date: 04/11/2017 Title: Office Manager

Processed 04/11/2017

* Electronically provided signatures are accepted as original signatures.