

No. C 185150	Due no later than Nov 30, 2016 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. SUNNYSIDE DENTAL CARE, P.C. EVAN O JOHNSON DMD 1520 ELK CREEK DR IDAHO FALLS ID 83404		EVAN O JOHNSON DMD 1520 ELK CREEK DR IDAHO FALLS ID 83404			
			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	EVAN O JOHNSON	1520 ELK CREEK DRIVE	IDAHO FALLS	ID	USA	83404
5. Organized Under the Laws of: ID C 185150		6. Annual Report must be signed.* Signature: troy clayton Name (type or print): troy clayton		Date: 10/03/2016 Title: accountant		
Processed 10/03/2016		* Electronically provided signatures are accepted as original signatures.				