No. C 157165		Due	2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to:		A	DR TIMOTH	DR TIMOTHY J HUFF DDS 3157 S BOWN WY STE 200			
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. CENTER FOR CONTEMPORARY DENTISTRY, P.C. TIM HUFF 3157 S BOWN WAY STE 200 BOISE ID 83706					
				BOISE ID 83706			
				3. <u>New</u> Regist	3. <u>New</u> Registered Agent Signature:*		
4. Corporations: Enter	Names and Busin	ess Addresses of Pro	esident, Secretary, and Directors. Treasu	ırer (optional).			
Office Held	Name		Street or PO Address	City	State	Country	Postal Code
SECRETARY	TIM J HUFF		3200 E. SWEETWATER DR.	BOISE	ID	USA	83716
PRESIDENT TIMOTHY J		HUFF	3200 E. SWEETWATER DR.	BOISE	ID	USA	83716
5. Organized Under the Laws of:		6. Annual Report m	nust be signed.*				
ID		Signature: Timo		Date: 10/03/2016			
ID				Title: President			
ID C 1571	65	Name (type or p	rint): Timothy J Huff		Hue: Pr	esident	