

No. <b>C 176458</b>		<b>Due no later than Dec 31, 2016</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b>  MOUNTAIN VIEW DENTAL CLINIC PROFESSIONAL CORPORATION HEIDI Y. WALKER 390 SOUTH 3RD WEST SODA SPRINGS ID 83276		JERRY H WALKER 390 SOUTH 3RD WEST SODA SPRINGS ID 83276			
				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	JERRY H WALKER	390 SOUTH 3RD WEST	SODA SPRINGS	ID	USA	83276	
5. Organized Under the Laws of:  <b>ID C 176458</b>		6. Annual Report must be signed.* Signature: Heidi Walker Name (type or print): Heidi Walker Date: 10/28/2016 Title: Manager					
Processed 10/28/2016		* Electronically provided signatures are accepted as original signatures.					