

No. C 101069		Due no later than Feb 28, 2014		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. THOMAS D. DEPPE, D.D.S., P.A. THOMAS D. DEPPE, D.D.S. 1601 12TH AVE RD NAMPA ID 83686		THOMAS D. DEPPE, D.D.S. 1601 12TH AVE RD NAMPA ID 83686			
				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	
SECRETARY	WENDY L DEPPE	1200 S LAKE POINTE WAY	EAGLE	ID	USA	83616	
PRESIDENT	THOMAS D DEPPE	1200 S LAKE POINTE WAY	EAGLE	ID	USA	83616	
5. Organized Under the Laws of: ID C 101069		6. Annual Report must be signed.* Signature: Thomas D Deppe Name (type or print): Thomas D Deppe					
		Date: 12/25/2013 Title: President					
Processed 12/25/2013		* Electronically provided signatures are accepted as original signatures.					