

No. <b>C 206333</b>		<b>Due no later than Jun 30, 2017</b> <b>Annual Report Form</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>1. Mailing Address: Correct in this box if needed.</b>  RESTORATION SMILE, INC. COLE W ANDERSON DMD MS 2003 N 20TH STREET BOISE ID 83702		COLE W ANDERSON DMD MS 2003 N 20TH STREET BOISE ID 83702			
						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	
DIRECTOR	DEVIN OGDEN	5750 W WINFIELD CT	BOISE	ID	USA	83703	
SECRETARY	MICHELLE OGDEN	5750 W WINFIELD CT	BOISE	ID	USA	83703	
PRESIDENT	COLE W ANDERSON	2003 N 20TH STREET	BOISE	ID	USA	83702	
5. Organized Under the Laws of:  <b>ID</b> <b>C 206333</b>		6. Annual Report must be signed.*  Signature: Michelle Ogden Name (type or print): Michelle Ogden					
		Date: 07/30/2017 Title: Director					
Processed 07/30/2017      * Electronically provided signatures are accepted as original signatures.							