

No. C 206333		Due no later than Jun 30, 2017		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. 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:		6. Annual Report must be signed.*					
ID C 206333		Signature: Michelle Ogden			Date: 07/30/2017		
		Name (type or print): Michelle Ogden			Title: Director		
Processed 07/30/2017		* Electronically provided signatures are accepted as original signatures.					