

No. C 125660		Due no later than Sep 30, 2015 Annual Report Form		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. CENTERPOINT ORTHODONTICS, P.C. JON MILLER 5220 N EAGLE RD BOISE ID 83713		JON MILLER 5220 N EAGLE RD BOISE ID 83713			
						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	JON T MILLER	5220 N. EAGLE RD	BOISE	ID	USA	83713	
5. Organized Under the Laws of: ID C 125660		6. Annual Report must be signed.* Signature: JRMiler Name (type or print): JRMiler					
		Date: 07/27/2015 Title: President					
Processed 07/27/2015 * Electronically provided signatures are accepted as original signatures.							