No. C 79867			ue no later than Nov 30, 2015	2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			MICHAEL E SMITH 801 NORTH 10TH STREET BOISE ID 83702 3. New Registered Agent Signature:*			
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. BOISE DENTAL CENTER HOLDING INC. MICHAEL E SMITH 801 NORTH 10TH STREET BOISE ID 83702 USA		The second control of the second				
				J. <u>INEW</u> Regist				
4. Corporations: Enter I	Names and Busin	ess Addresses o	f President, Secretary, and Directors. Trea	surer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
VICE PRESIDENT	EVAN A SMITH		801 NORTH 10TH ST	BOISE	ID	USA	83702	
PRESIDENT MICHAEL E		SMITH	801 NORTH 10TH ST	BOISE	ID	USA	83702	
5. Organized Under the Laws of:		6. Annual Repo	ort must be signed.*					
ID		Signature: Evan Smith		Da	Date: 11/30/2015			
C 79867		Name (type or print): Evan Smith		Tit	Title: Vice President			
		* Flootwanianlly	provided signatures are accepted as original	al aignaturas				