

No. <b>C 208109</b>		<b>Due no later than Dec 31, 2016</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>  SMILES PRACTICES INC CHRIS SATCHWELL 3732 W DAISY CREEK ST MERIDIAN ID 83642		WARREN WILLIS 2655 SAND HILL LANE EMMETT ID 83642-8364			
						3. <u>New</u> Registered Agent Signature:*	
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors, Treasurer (optional).							
Office Held DIRECTOR	Name CHRIS A SATCHWELL	Street or PO Address 3732 W DAISY CREEK ST	City MERIDIAN	State ID	Country USA	Postal Code 83642	
5. Organized Under the Laws of:  <b>ID</b> <b>C 208109</b>		6. Annual Report must be signed.*  Signature: Chris Satchwell Name (type or print): Chris Satchwell  Date: 11/01/2016 Title: Director					
Processed 11/01/2016 * Electronically provided signatures are accepted as original signatures.							