

No. C 208109		Due no later than Dec 31, 2016		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. 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	Name	Street or PO Address	City	State	Country	Postal Code	
DIRECTOR	CHRIS A SATCHWELL	3732 W DAISY CREEK ST	MERIDIAN	ID	USA	83642	
5. Organized Under the Laws of: ID C 208109		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.					