

No. C 181423		Due no later than Jan 31, 2013		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. MCCORD ORTHODONTICS, P.C. LAYNE MCCORD 3411 MERLIN DRIVE IDAHO FALLS ID 83404 USA		LAYNE MCCORD 3411 MERLIN DRIVE IDAHO FALLS ID 83404			
				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	LAYNE K MCCORD	3411 MERLIN DRIVE	IDAHO FALLS	ID	USA	83404	
SECRETARY	LAYNE K MCCORD	3411 MERLIN DRIVE	IDAHO FALLS	ID	USA	83404	
5. Organized Under the Laws of: ID C 181423		6. Annual Report must be signed.* Signature: Layne McCord Name (type or print): Layne McCord Date: 11/27/2012 Title: President					
Processed 11/27/2012		* Electronically provided signatures are accepted as original signatures.					