No. C 181351		Du	2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. DAVID WILKINSON ORTHODONTICS, PC PAMELA J WILKINSON 3326 FOURTH ST STE 5 LEWISTON ID 83501		3326 FOURT LEWISTON	DAVID WILKINSON 3326 FOURTH ST STE 5 LEWISTON ID 83501 3. New Registered Agent Signature:*		
NO FILING FEE IF RECEIVED BY DUE DATE							
200 30 10		ess Addresses of	President, Secretary, and Directors. Treas			_	
Office Held	Name		Street or PO Address	City	State	Country	Postal Code
SECRETARY PRESIDENT			1934 SUNFLOWER LN 1934 SUNFLOWER LN	LEWISTON LEWISTON	ID ID	USA USA	83501 83501
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID C 181351		Signature: Pa		Date: 10/31/2017			
		Name (type o		Title: Secretary			
Processed 10/31/2017 * Electronically provided signatures are accepted as original signatures.							