No. C 180495 Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Due no later than Oct 31, 2009 Annual Report Form			2. Registered Agent and Address (NO PO BOX) JOHN BURTENSHAW			
		1. Mailing Address: Correct in this box if needed. A CHILD'S SMILE PC LISANN C ESPLIN 3299 E. MAIN STREET AMMON ID 83406 USA			4898 ROCKWOOD AVE IONA ID 83427 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Corporations: Enter Names a	and Busin	ess Addresses of P	resident, Secretary, and Directors. Tre	asurer (optional).			
Office Held Nar	me		Street or PO Address		City	State	Country	Postal Code
PRESIDENT JOH	HN C. BU	IRTENSHAW	3299 E. MAIN STREET		AMMON	ID	USA	83406
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Joh	Date: 09/16/2009					
C 180495		Name (type or print): John Burtenshaw, DMD			Title: President			
* Electronically provided signatures are accepted as original signatures.								