

No. C 169364		Due no later than Oct 31, 2015 Annual Report Form		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		1. Mailing Address: Correct in this box if needed. WARD ORTHODONTICS, P.A. NICOLE WARD 2534 JOSHUA WAY TWIN FALLS ID 83301		BRIAN WARD 2534 JOSHUA WAY TWIN FALLS ID 83301			
						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	
SECRETARY	NICOLE WARD	2534 JOSHUA WAY	TWIN FALLS	ID	USA	83301	
5. Organized Under the Laws of: ID C 169364		6. Annual Report must be signed.* Signature: Nicole Ward Name (type or print): Nicole Ward Date: 08/27/2015 Title: Secretary					
Processed 08/27/2015 * Electronically provided signatures are accepted as original signatures.							