

No. C 64248		Due no later than Jul 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. HIGH DESERT ORTHODONTICS, P.A. SHANE L SCHVANEVELDT 318 FALLS AVE TWIN FALLS ID 83301		SHANE SCHVANEVELDT 318 FALLS AVE 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
TREASURER	JAMIE SCHVANEVELDT	2111 CANDLEWOOD AVE	TWIN FALLS	ID	USA	83301
SECRETARY	JANICE GEIST	3210 HIGHLAWN DR	TWIN FALLS	ID	USA	83301
DIRECTOR	SHANE L SCHVANEVELDT	2111 CANDLEWOOD AVE	TWIN FALLS	ID	USA	83301
PRESIDENT	JEFF GEIST	3210 HIGHLAWN DR	TWIN FALLS	ID	USA	83301
5. Organized Under the Laws of: ID C 64248		6. Annual Report must be signed.* Signature: Shane Schvaneveldt Name (type or print): Shane Schvaneveldt Date: 08/13/2013 Title: Director				
Processed 08/13/2013		* Electronically provided signatures are accepted as original signatures.				