No. C 180495	Due	Due no later than Oct 31, 2018 Annual Report Form 1. Mailing Address: Correct in this box if needed. A CHILD'S SMILE PC 3299 E 17TH ST AMMON ID 83406		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 Add A CHILD'S SMILE 3299 E 17TH ST			C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705 3. New Registered Agent Signature:*			
4. Corporations: Enter Names and	Business Addresses of Pr	esident, Secretary, and Directors. Trea	asurer (optional).				
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
PRESIDENT JOHN	C. BURTENSHAW	3299 E. 17TH STREET	AMMON	ID	USA	83406	
5. Organized Under the Laws of:	6. Annual Report n	5. Annual Report must be signed.*					
ID Signature: John Burtenshaw		Burtenshaw		Date: 08/20/2018			
C 180495	Name (type or p	Name (type or print): John Burtenshaw		Title: Owner			
Processed 08/20/2018	* Electronically prov	* Electronically provided signatures are accepted as original signatures.					