

No. <b>C 206321</b>		<b>Due no later than Jun 30, 2016</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b> SMILE CONDOMINIUMS OWNERS ASSOCIATION, INC. 2398 E GOWEN RD BOISE ID 83716		DANIEL MALAN 2398 E GOWEN RD BOISE ID 83716	
				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
DIRECTOR	JOHN ROBERTS, DDS	256 MARTIN ST	TWIN FALLS	ID	83301
DIRECTOR	CHRISTIE ROBERTS	2398 E GOWEN RD	BOISE	ID	83716
DIRECTOR	DANIEL MALAN, DDS	2398 E GOWEN RD	BOISE	ID	83716
5. Organized Under the Laws of:		6. Annual Report must be signed.*			
<b>ID C 206321</b>		Signature: Daniel Malan Name (type or print): Daniel Malan		Date: 07/27/2016 Title: director	
Processed 07/27/2016		* Electronically provided signatures are accepted as original signatures.			