No. **C 46628**	**Due no later than Dec 31, 2015**	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.** BOISE ORTHODONTICS, P.A. GLEN A SMITH 2136 N COLE RD BOISE ID 83704	GLEN SMITH 2136 N COLE RD BOISE ID 83704 3. New 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	ROSE M SMITH	2136 N COLE RD	BOISE	ID	USA	83704
PRESIDENT	GLEN A SMITH	2136 N COLE RD	BOISE	ID	USA	83704

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **C 46628**	Signature: Glen Smith	Date: 10/19/2015
	Name (type or print): Glen Smith	Title: President

Processed 10/19/2015

* Electronically provided signatures are accepted as original signatures.