| No. C 122276 | | Du | 2. Registered Ag | 2. Registered Agent and Address (NO PO BOX) | | | | |
|--|---------------------|---|--|---|---|---------|-------------|--|
| Return to: | | Annual Report Form | | JOSEPH H EL | JOSEPH H ELISON 4475 S. HOLMES AVE. IDAHO FALLS ID 83404 3. New Registered Agent Signature:* | | | |
| 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. ORTHODONTIC CENTER P.A. JOSEPH H ELISON 4475 S. HOLMES AVE. IDAHO FALLS ID 83404 | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| 4. Corporations: Enter N | ames and Busin | ess Addresses of | President, Secretary, and Directors. Trea | surer (optional). | | | | |
| Office Held | Name | | Street or PO Address | City | State | Country | Postal Code | |
| Treasurer Jean B. Elis | | SON | 3357 MERLIN DR. | IDAHO FALLS | ID | USA | 83404 | |
| SECRETARY JEAN B. ELI: | | SON | 4475 S. HOLMES AVE. | IDAHO FALLS | ID | USA | 83404 | |
| PRESIDENT | RESIDENT JOSEPH H E | | 4475 S. HOLMES AVE. | IDAHO FALLS | ID | USA | 83404 | |
| 5. Organized Under the Laws of: | | 6. Annual Repor | | | | | | |
| ID C 122276 | | Signature: Jo | | Date: 11/20/2016 | | | | |
| | | Name (type o | | Title: President | | | | |
| Processed 11/20/2016 | | * Electronically p | rovided signatures are accepted as origina | al signatures. | | | | |