

No. <b>W 68602</b>		<b>Due no later than Nov 30, 2012</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>		KYLE A KELSON 7154 W STATE ST #145 BOISE ID 83714			
		<b>1. Mailing Address: Correct in this box if needed.</b> BRIGHTLINE ORTHODONTIC LAB LLC KYLE A KELSON 8731 W BEN CT BOISE ID 83714		3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
MANAGER	KYLE A KELSON	8731 W BEN CT	BOISE	ID	USA	83714	
MANAGER	MALAENA H KELSON	8731 W BEN CT	BOISE	ID	USA	83714	
5. Organized Under the Laws of:  <b>ID W 68602</b>		6. Annual Report must be signed.* Signature: Kyle a Kelson Name (type or print): Kyle a Kelson Date: 09/28/2012 Title: Owner					
Processed 09/28/2012		* Electronically provided signatures are accepted as original signatures.					