No. **C 184373**	**Due no later than Sep 30, 2015** **Annual Report Form**	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 Address: Correct in this box if needed.** ADVANCED DENTAL SOLUTIONS INC. CHRIS SATCHWELL 16377 N MARKETPLACE BLVD NAMPA ID 83687	DR CHRIS SATCHWELL 16377 N MARKETPLACE BLVD NAMPA ID 83687 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	WARREN WILLIS	2655 SAND HILL LN	EMMETT	ID	USA	83617
PRESIDENT	CHRIS SATCHWELL	3237 W DAISY CREEK ST	MERIDIAN	ID	USA	83642

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **C 184373**	Signature: Chris Satchwell	Date: 10/30/2015
	Name (type or print): Chris Satchwell	Title: President

Processed 10/30/2015

* Electronically provided signatures are accepted as original signatures.