No. **C 122276**	**Due no later than Jan 31, 2016** **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.** ORTHODONTIC CENTER P.A. JOSEPH H ELISON 4475 S. HOLMES AVE. IDAHO FALLS ID 83404	JOSEPH H ELISON 4475 S. HOLMES AVE. IDAHO FALLS ID 83404 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
TREASURER	JEAN B. ELISON	3357 MERLIN DR.	IDAHO FALLS	ID	USA	83404
SECRETARY	JEAN B. ELISON	4475 S. HOLMES AVE.	IDAHO FALLS	ID	USA	83404
PRESIDENT	JOSEPH H ELISON	4475 S. HOLMES AVE.	IDAHO FALLS	ID	USA	83404

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **C 122276**	Signature: Joseph H. Elison	Date: 11/14/2015
	Name (type or print): Joseph H. Elison	Title: President

Processed 11/14/2015

* Electronically provided signatures are accepted as original signatures.