

No. <b>W 68602</b>		<b>Due no later than Nov 30, 2016</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>  <b>1. Mailing Address: Correct in this box if needed.</b>  BRIGHTLINE ORTHODONTIC LAB LLC KYLE A KELSON 8988 W BEN ST BOISE ID 83714		KYLE A KELSON 7154 W STATE ST #145 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	8988 W BEN ST	BOISE	ID	83714
MANAGER	MALAENA H KELSON	8988 W BEN ST	BOISE	ID	83714
5. Organized Under the Laws of:  <b>ID W 68602</b>		6. Annual Report must be signed.* Signature: Kyle Kelson Name (type or print): Kyle Kelson Date: 11/08/2016 Title: Owner			
Processed 11/08/2016		* Electronically provided signatures are accepted as original signatures.			