No. C 180495		Due no later than Oct 31, 2017 Annual Report Form 1. Mailing Address: Correct in this box if needed. A CHILD'S SMILE PC 3299 E 17TH ST AMMON ID 83406			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					JOHN BURTENSHAW 5183 E 21ST ST AMMON ID 83406 3. New Registered Agent Signature:*			
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).								
Office Held Na	ame		Street or PO Address		City	State	Country	Postal Code
PRESIDENT JO	HN C. BU	IRTENSHAW	3299 E. 17TH STREET		AMMON	ID	USA	83406
5. Organized Under the Laws of:		6. Annual Report must						
ID		Signature: John Burtenshaw			Date: 08/23/2017			
C 180495		Name (type or print): John Burtenshaw			Title: Owner			
Processed 08/23/2017 * Electronically provided signatures are accepted as original signatures.								