

No. C 204569		Due no later than Jan 31, 2018		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. CUSTOM ORTHODONTIC APPLIANCES LTD. CUSTOM ORTHO APP. 4400 E LOCHSA RIVER DR. NAMPA ID 83686		E K SEARLE 4400 E LOCHSA RIVER DR. NAMPA ID 83686			
				3. <u>New</u> 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	
DIRECTOR	R MILLER	4400 E LOCHSA RIVER DR	NAMPA	ID	USA	83686	
DIRECTOR	EMILY BODEN	4400LOCHSA RIVER DR.	NAMPA	ID	USA	83686	
5. Organized Under the Laws of: ID C 204569		6. Annual Report must be signed.* Signature: Emily Boden Name (type or print): Emily Boden					
		Date: 12/12/2017 Title: Director					
Processed 12/12/2017		* Electronically provided signatures are accepted as original signatures.					