2. Registered Agent and Office NO PO BOX Due no later than October 31, 2007 C 169364 Annual Report Form **BRIAN WARD** No. 1. Mailing Address * Correct in this box, if applicable 2534 JOSHUA WAY TWIN FALLS, ID 83301 Return to: SECRETARY OF STATE WARD ORTHODONTICS, P.A. 450 NORTH FOURTH STREET 2534 JOSHUA WAY PO BOX 83720 TWIN FALLS, ID 83301 3. New Registered Agent Signature BOISE, ID 83720-0080 NO FILING FEE IF Corporations: Enter Names and Business Addresses of President, Secretary and Directors. RECEIVED BY DUE DATE <u>Zìp</u> State | City Street or P.O. Address 03301 ID 857 POLK STREET TWIN FALLS Office held BRIAN WARD ID 83301 PRESIDENT TWINTENS 857 POLK STREET NIWEWARD GERETAKU Date 1659707 5. Organized Under the Laws of: Signature _ IDAHO C 169364 Name Printed) Do Not Tape or Staple Issued 08/02/2007