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|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|---------|------------------------------------------------------------------|---------|-------------|--|
| No. <b>C 195806</b>                                                                                                                                    |                    | <b>Due no later than Aug 31, 2013</b>                                                                                                         |         | 2. Registered Agent and Address <b>(NO PO BOX)</b>               |         |             |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                    | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>RESTORATIVE TOUCH INC.<br>MIKE DAVIS<br>549 W KATELYN LN<br>SPOKANE WA 99224 |         | MARCUS POOSRI<br>3516 N GOVERNMENT WAY<br>COEUR D ALENE ID 83815 |         |             |  |
|                                                                                                                                                        |                    |                                                                                                                                               |         | 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 |  |
| PRESIDENT                                                                                                                                              | MIKE DAVIS         | 549 W KATELYN LN                                                                                                                              | SPOKANE | WA                                                               | USA     | 99224       |  |
| SECRETARY                                                                                                                                              | SONIA FLORES-DAVIS | 549 W KATELYN LN                                                                                                                              | SPOKANE | WA                                                               | USA     | 99224       |  |
| 5. Organized Under the Laws of:<br><br><b>WA<br/>C 195806</b>                                                                                          |                    | 6. Annual Report must be signed.*<br>Signature: Mike Davis<br>Name (type or print): Mike Davis<br>Date: 06/17/2013<br>Title: President        |         |                                                                  |         |             |  |
| Processed 06/17/2013                                                                                                                                   |                    | * Electronically provided signatures are accepted as original signatures.                                                                     |         |                                                                  |         |             |  |