No. C 169364		Due no later than Oct 31, 2013	2. Registered Agent and Address (NO PO BOX)				
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. WARD ORTHODONTICS, P.A. NICOLE WARD 2534 JOSHUA WAY TWIN FALLS ID 83301	2534 JOSHUA TWIN FALLS	BRIAN WARD 2534 JOSHUA WAY TWIN FALLS ID 83301 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE 4. Corporations: Enter Names and Busine		ess Addresses of President, Secretary, and Directors. Treasurer					
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
SECRETARY NICOLE WAR		RD 2534 JOSHUA WAY	TWIN FALLS	ID	USA	83301	
5. Organized Under the Laws of: ID C 169364		6. Annual Report must be signed.* Signature: Nicole Ward Name (type or print): Nicole Ward	Date: 08/26/2013 Title: Secretary				
Processed 08/26/2013		* Electronically provided signatures are accepted as original signatures.					