| No. <b>C 46628</b>   |         | Due no later than Dec 31, 2012 Annual Report Form  1. Mailing Address: Correct in this box if needed.  BOISE ORTHODONTICS, P.A. GLEN A SMITH 2136 N COLE RD BOISE ID 83704 |                    | 2. Registered Agent and Address (NO PO BOX)                                   |            |                |  |
|--|---------|--|--------------------|---|------------|----------------|--|
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 |         |  |                    | GLEN SMITH 2136 N COLE RD BOISE ID 83704  3. New Registered Agent Signature:* |            |                |  |
| NO FILING FI<br>RECEIVED BY DO   | JE DATE | ess Addresses of President, Secretary, and Directors. T  | reasurer (ontions  | 51)   |            |                |  |
| Office Held  | Name    | Street or PO Address   | City               | State   | Country    | Postal Code    |  |
| SECRETARY ROSE M SMITH PRESIDENT GLEN A SMITH                                      |         |  | BOIS<br>BOIS       |   | USA<br>USA | 83704<br>83704 |  |
| 5. Organized Under the Laws of:  |         | 6. Annual Report must be signed.*  |                    |   |            |                |  |
| ID<br>C 46628  |         | Signature: Glen A Smith  |                    | Date: 01/10/2013  |            |                |  |
|  |         | Name (type or print): Glen A Smith   |                    | Title: Owner  |            |                |  |
| Processed 01/10/2013   |         | * Electronically provided signatures are accepted as or  | iginal signatures. |   |            |                |  |