

No. W 68602	Due no later than Nov 30, 2017 Annual Report Form		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. BRIGHTLINE ORTHODONTIC LAB LLC KYLE A KELSON 8988 W BEN ST BOISE ID 83714		KYLE A KELSON 7154 W STATE ST #145 BOISE ID 83714			
			3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MANAGER	KYLE A KELSON	8988 W BEN ST	BOISE	ID		83714
MANAGER	MALAENA H KELSON	8988 W BEN ST	BOISE	ID		83714
5. Organized Under the Laws of: ID W 68602	6. Annual Report must be signed.* Signature: Kyle Kelson Name (type or print): Kyle Kelson		Date: 12/16/2017 Title: Owner			
Processed 12/16/2017		* Electronically provided signatures are accepted as original signatures.				