

No. W 68602		Due no later than Nov 30, 2011 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		1. Mailing Address: Correct in this box if needed. BRIGHTLINE ORTHODONTIC LAB LLC KYLE A KELSON 8731 W BEN CT BOISE ID 83714		KYLE A KELSON 7154 W STATE ST #145 BOISE ID 83714			
NO FILING FEE IF RECEIVED BY DUE DATE				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	12731 N 12TH AVE	BOISE	ID	USA	83714	
MANAGER	MALAENA H KELSON	12731 N 12TH AVE	BOISE	ID	USA	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: 09/12/2011 Title: Manager					
Processed 09/12/2011		* Electronically provided signatures are accepted as original signatures.					