No. **C 162728**	**Due no later than Sep 30, 2009** **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.** AESTHETIC SMILES FAMILY AND COSMETIC DENTISTRY P.C. WADE A PILLING 4795 N SUMMIT WAY #1120 MERIDIAN ID 83642 USA	WADE PILLING 1110 N FIVE MILE RD BOISE ID 83713 3. New 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	WADE A PILLING	4795 N. SUMMIT WAY #120	MERIDIAN	ID	USA	83646

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **C 162728**	Signature: Wade Pilling Name (type or print): Wade Pilling	Date: 07/16/2009 Title: Manager

Processed 07/16/2009

* Electronically provided signatures are accepted as original signatures.