No. C 154885		Due no later than May 31, 2015		2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		CYNTHIA A MCKIM DMD 5360 N EAGLE RD BOISE 83713 3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	BOISE CEN CYNTHIA N 5360 N EAG	1. Mailing Address: Correct in this box if needed. BOISE CENTER FOR COSMETIC DENTISTRY, INC. CYNTHIA MCKIM 5360 N EAGLE RD BOISE ID 83713					
NO FILING FEE IF RECEIVED BY DUE DATE							
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 CYNTHI	A A MCKIM	5360 N EAGLE RD	BOIS	E ID	USA	83713-4901	
5. Organized Under the Laws of: 6. Annual Report must be signed.*							
ID	Signature:	Lori A. Walker		Date: 03/27/2015			
C 154885 Name (type or print): Lori A		e or print): Lori A. Walker		Title: Bookkeeper			
Processed 03/27/2015	* Electronically	* Electronically provided signatures are accepted as original signatures.					