

No. <b>C 162728</b>	<b>Due no later than Sep 30, 2010</b> <b>Annual Report Form</b>	2. Registered Agent and Address <b>(NO PO BOX)</b>				
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>1. Mailing Address: Correct in this box if needed.</b> 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				
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).		3. <u>New</u> Registered Agent Signature:*				
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:  <b>ID C 162728</b>	6. Annual Report must be signed.* Signature: Wade Pilling Name (type or print): Wade Pilling		Date: 07/27/2010 Title: Owner			
Processed 07/27/2010		* Electronically provided signatures are accepted as original signatures.				