

No. <b>C 125660</b>		<b>Due no later than Sep 30, 2012</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> CENTERPOINT ORTHODONTICS, P.C. JON MILER 5220 N EAGLE RD BOISE ID 83713		MILLER JON 5220 N EAGLE RD BOISE ID 83713			
				3. <u>New</u> 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	JON T MILER	5220 N. EAGLE RD	BOISE	ID	USA	83713	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>ID C 125660</b>		Signature: Jon R Miler				Date: 10/15/2012	
		Name (type or print): Jon R Miler				Title: President	
Processed 10/15/2012		* Electronically provided signatures are accepted as original signatures.					