No. C 154885	Due no later than May 31, 2014	4 2. Registered Agent and Address (NO PO BOX)
Return to:	Annual Report Form	CYNTHIA A MCKIM DMD
SECRETARY OF STATE	1. Mailing Address: Correct in this box if	f needed. 5360 N EAGLE RD BOISE ID 83713
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	BOISE CENTER FOR COSMETIC DENTISTRY, IN CYNTHIA MCKIM 5360 N EAGLE RD	
	BOISE ID 83713	3. <u>New</u> Registered Agent Signature:*
NO FILING FEE IF RECEIVED BY DUE DATE		
4. Corporations: Enter Names and Busi	ness Addresses of President, Secretary, and Directo	tors. Treasurer (optional).
Office Held Name	Street or PO Address	City State Country Postal Code
PRESIDENT CYNTHIA A	MCKIM 5360 N EAGLE RD	BOISE ID USA 83713-4901
5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID	Signature: Cynthia McKim	Date: 07/09/2014
C 154885	Name (type or print): Cynthia McKim	Title: President
Processed 07/09/2014	* Electronically provided signatures are accepted a	as original signatures.