No. C 122276	T I	Due no later than Jan 31, 2014	2. Registered Ag	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form	JOSEPH H EL	JOSEPH H ELISON			
SECRETARY OF STATE	1. Mailing	1. Mailing Address: Correct in this box if needed. ORTHODONTIC CENTER P.A. JOSEPH H ELISON 4475 S. HOLMES AVE. IDAHO FALLS ID 83404		4475 S. HOLMES AVE. IDAHO FALLS ID 83404 3. New Registered Agent Signature:*			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	JOSEPH H 4475 S. HOL						
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Corporations: Enter Names and	d Business Addresses o	of President, Secretary, and Directors. Treasu	urer (optional).				
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
TREASURER JENNI	ER ROBISON	3357 MERLIN DR.	IDAHO FALLS	ID	USA	83404	
	B. ELISON	4475 S. HOLMES AVE.	IDAHO FALLS	ID	USA	83404	
PRESIDENT JOSEF	H H ELISON	4475 S. HOLMES AVE.	IDAHO FALLS	ID	USA	83404	
5. Organized Under the Laws of: 6. Anr		6. Annual Report must be signed.*					
ID	Signature: 3	Signature: Joseph H. Elison		Date: 11/16/2013			
C 122276	Name (type	Name (type or print): Joseph H. Elison			Title: President		
Processed 11/16/2013	* Electronically provided signatures are accepted as original signatures.						