

# State of Idaho

Office of the Secretary of State

**CERTIFICATE OF REGISTRATION  
OF  
EAGLE SMILES DENTISTRY AND ORTHODONTICS, PC**

File Number C 211866

I, LAWRENCE DENNEY, Secretary of State of the State of Idaho, hereby certify that an application for Foreign Registration Statement, duly executed pursuant to the provisions of the Idaho Uniform Business Organization Code, has been received in this office and is found to conform to law.

ACCORDINGLY and by virtue of the authority vested in me by law, I issue this Certificate of Registration to transact business in this State and attach hereto a duplicate of the application for such certificate.

Dated: November 22, 2016



*Lawrence Denney*  
SECRETARY OF STATE

By \_\_\_\_\_

*[Signature]*

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# FOREIGN REGISTRATION STATEMENT

Title 30, Chapter 21, Idaho Code

Filing fee: \$100 typed, \$120 not typed

Complete and submit the form in duplicate.

2016 NOV 22 PM 4:41

SECRETARY OF STATE  
IDAHO

1. The name of the entity is: Eagle Smiles Dentistry and Orthodontics, PC
2. The name which it shall use in Idaho is: Eagle Smiles Dentistry and Orthodontics, PC  
(Enter a name here, only if you are required to adopt an alternate name)
3. Select the type of entity you wish to register:
 

<input checked="" type="checkbox"/> Business Corporation	<input type="checkbox"/> General Partnership
<input type="checkbox"/> Nonprofit Corporation	<input type="checkbox"/> General Cooperative Association
<input type="checkbox"/> Limited Liability Partnership	<input type="checkbox"/> Limited Partnership (Including a limited liability limited partnership)
<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Statutory Trust, Business Trust, or Common-law Business Trust
<input type="checkbox"/> Other: _____ (Use "Other" only if your foreign entity type is <u>not</u> listed above, and enter the type here.)	
4. Jurisdiction of formation: Oregon  
(Provide the domestic jurisdiction where the entity was formed)
5. The address of its principal office is:  
6700 North Linder Road, Suite 132, Meridian, Idaho 83646  
(Street Address)  
\_\_\_\_\_  
(Mailing Address, if different)
6. The address of its domestic principal office (if required by the laws of the jurisdiction of formation) is:  
\_\_\_\_\_  
(Street Address)  
\_\_\_\_\_  
(Mailing Address, if different)
7. The mailing address to which correspondence should be addressed, if different from item 5, is:  
17000 Red Hill Avenue, Irvine, California 92614  
(Address)
8. Name and street address of registered agent in Idaho:  
National Registered Agents, Inc. 1423 Tyrell Lane, Boise, Idaho 83706  
(Name) (Address)
9. The name, capacity, and mailing address of at least one governor:  

<u>Scott R. Thompson, D.D.S.</u>	<u>President</u>	<u>17000 Red Hill Avenue, Irvine, California 92614</u>
(Name)	(Capacity)	(Address)
_____ (Name)	_____ (Capacity)	_____ (Address)

Typed Name: Scott R. Thompson, D.D.S.

Signature: \_\_\_\_\_

Capacity: President

Secretary of State use only

IDAHO SECRETARY OF STATE

11/23/2016 05:00

CK:4375798 CT:172099 BH:1556577  
1@ 100.00 = 100.00 FOR REG ST #2

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Nov. 10. 2016 8:42AM

No. 3284 P. 2/2

# State of Oregon

OFFICE OF THE SECRETARY OF STATE  
Corporation Division

## Certificate of Existence 465S724L7

I, JEANNE P. ATKINS, SECRETARY OF STATE, and Custodian of the Seal of said State, do hereby certify:

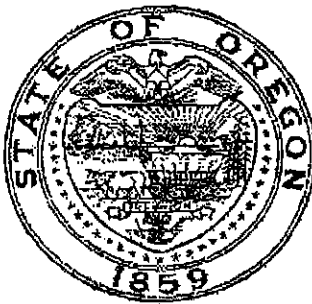
**EAGLE SMILES DENTISTRY AND ORTHODONTICS, PC**

is

Incorporated

under the laws of The State of Oregon

and is active on the records of the Corporation Division as of the date of this certificate.



In Testimony Whereof, I have hereunto set my hand and affixed hereto the Seal of the State of Oregon.

A handwritten signature in cursive script, reading "Jeanne P. Atkins".

JEANNE P. ATKINS, SECRETARY OF STATE

11/10/2016