No. <b>C 171248</b>		Due no later than Feb 28, 2015		2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		C SCOTT GRACE DDS			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	ALL-SMILE C SCOTT 850 S LAT, BOISE ID	1. Mailing Address: Correct in this box if needed.  ALL-SMILES DENTISTRY OF IDAHO, PC C SCOTT GRACE 850 S LATAH BOISE ID 83705 USA		850 S LATAH BOISE 83705  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE	USA						
4. Corporations: Enter Names and	Business Addresses	of President, Secretary, and Directors. Trea	asurer (optional).				
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
PRESIDENT C. SCO	TT GRACE	850 S LATAH	BOISE	ID	USA	83702	
5. Organized Under the Laws of: 6. Annual Rep		port must be signed.*					
ID	Signature:	Signature: C . Scott Grace		Date: 02/19/2015			
C 171248	Name (typ	e or print): C . Scott Grace		Title: President			
Processed 02/19/2015	* Electronical	* Electronically provided signatures are accepted as original signatures.					