No. C 191243		Annual Report Form 1. Mailing Address: Correct in this box if needed. JARVIS DENTAL AND ORTHODONTICS CORPORATION COLLEEN M CROWLEY JARVIS 1508 W CAYUSE CREEK STE 150		2. Registered A	Registered Agent and Address (NO PO BOX) COLLEEN M CROWLEY JARVIS 1508 W CAYUSE CREEK STE 150 MERIDIAN ID 83646 3. New Registered Agent Signature:*			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE				to the second second second second				
				100000 0000000000000 00 NOOT 000				
				PIENIDIAN II				
				3. <u>New</u> Register				
4. Corporations: Enter Nar	nes and Busin	ess Addresses	s of President, Secretary, and Directors. Treasur	er (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
SECRETARY	JACOB R JA	ARVIS	5636 N FOX RUN WAY	MERIDIAN	ID	USA	83646	
5. Organized Under the Laws of:		6. Annual Re	eport must be signed.*					
ID C 191243		Signature: Colleen Crowley Jarvis Date: 03/18/2013					3	
		Name (type or print): Colleen Crowley Jarvis Title: Owner						
Processed 03/18/2013 * Electronically provided signatures are accepted as original signatures.								