

No. <b>C 172131</b>		<b>Due no later than Mar 31, 2013</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b>  IDAHO ACADEMY OF PEDIATRIC DENTISTRY, INC. PEDIATRIC DENTAL CENTER OF NORTH IDAHO 1717 LINCOLN WY STE 205 COEUR D ALENE ID 83814		JOHN R UKICH DDS 1717 LINCOLN WY STE 205 COEUR D'ALENE ID 83814			
				3. <u>New</u> Registered Agent Signature:*			
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	JOHN R UKICH DDS	1717 LINCOLN WY STE 205	COEUR D'ALENE	ID	USA	83814	
DIRECTOR	BRAD BARLOW DDS	602 N CALGARY CT STE 201	POST FALLS	ID	USA	83854	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>ID C 172131</b>		Signature: John R Ukich			Date: 04/07/2013		
		Name (type or print): John R Ukich			Title: President		
Processed 04/07/2013		* Electronically provided signatures are accepted as original signatures.					