

No. W 32548	Due no later than August 31, 2005 Annual Report Form		2. Registered Agent and Office NO PO BOX TOBY MERRIMAN 1558 N CRESTMONT DR STE A BOISE, ID 83706												
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable MERIDIAN PEDIATRIC DENTISTRY PLLC 1558 N CRESTMONT DR STE A BOISE, ID 83706 1550 E Heritage Park St #150 Meridian, ID 83642		3. New Registered Agent Signature												
4. Limited Liability Companies: Enter Names and Addresses of Members.															
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Office held</th> <th style="width: 20%;">Name</th> <th style="width: 35%;">Street or P.O. Address</th> <th style="width: 15%;">City</th> <th style="width: 10%;">State</th> <th style="width: 5%;">Zip</th> </tr> </thead> <tbody> <tr> <td>President/ Owner</td> <td>Toby Merriman</td> <td>1550 E Heritage Park St #150</td> <td>Meridian</td> <td>ID</td> <td>83642</td> </tr> </tbody> </table>				Office held	Name	Street or P.O. Address	City	State	Zip	President/ Owner	Toby Merriman	1550 E Heritage Park St #150	Meridian	ID	83642
Office held	Name	Street or P.O. Address	City	State	Zip										
President/ Owner	Toby Merriman	1550 E Heritage Park St #150	Meridian	ID	83642										
5. Organized Under the Laws of: IDAHO W 32548		6. Signature <u>Charles Christ</u> Date <u>7/18/05</u> Name (Typed or Printed) <u>Charles Christ</u> Title <u>Office Manager</u>													