

No. C 153684		Due no later than Mar 31, 2014		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form 1. Mailing Address: Correct in this box if needed. LITTLE SMILES PEDIATRIC DENTISTRY, P.C. KALYNNE P BARLOW 602 N. CALGARY CT STE 201 POST FALLS ID 83854 USA		KALYNNE P BARLOW 602 N CALGARY CT STE 201 POST FALLS ID 83854			
				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	
SECRETARY	KALYNNE P BARLOW	3801 S CARPENTER LOOP	POST FALLS	ID	USA	83854	
PRESIDENT	BRADLEY S BARLOW	3801 S CARPENTER LOOP	POST FALLS	ID	USA	83854	
5. Organized Under the Laws of: ID C 153684		6. Annual Report must be signed.* Signature: Kalynne Barlow Name (type or print): Kalynne Barlow Date: 02/19/2014 Title: Secretary					
Processed 02/19/2014		* Electronically provided signatures are accepted as original signatures.					