

No. **W 47574**

**Due no later than February 29, 2008
Annual Report Form**

2. Registered Agent and Office **NO PO BOX**

Return to:
**SECRETARY OF STATE
450 NORTH FOURTH STREET
PO BOX 83720
BOISE, ID 83720-0080**

1. Mailing Address - Correct in this box, if applicable

**IDAHO PEDIATRIC DENTISTRY PLLC
801 W BANNOCK ST
BOISE, ID 83702**

**FRANKLIN G LEE
601 W BANNOCK ST
BOISE, ID 83702**

**NO FILING FEE IF
RECEIVED BY DUE DATE**

3. New Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Managers.

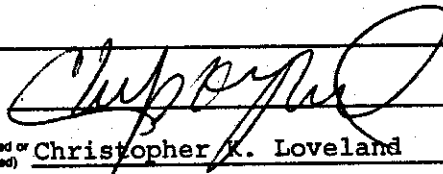
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
Manager	Christopher K. Loveland	1077 N. Portchester Ave	Meridian	ID	83642

5. Organized Under the Laws of:

**IDAHO
W 47574**

6.

Signature



Date _____

Name

(Typed or
Printed)

Christopher K. Loveland

Title

Manager