

No. <b>W 19626</b>		<b>Due no later than Jun 30, 2009</b> <b>Annual Report Form</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>1. Mailing Address: Correct in this box if needed.</b>  DENTISTRY FOR CHILDREN, PLLC JESSICA CROXFORD 305 E JEFFERSON STE 103 BOISE ID 83712 USA		CHERYL HIGER 305 E JEFFERSON STE 103 BOISE ID 83712			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
MEMBER	CHERYL HIGER DMD	305 E JEFFERSON STE 103	BOISE	ID	USA	83712	
5. Organized Under the Laws of:  <b>ID</b> <b>W 19626</b>		6. Annual Report must be signed.*  Signature: Cheryl Higer Name (type or print): Cheryl Higer  Date: 08/25/2009 Title: Owner					
Processed 08/25/2009      * Electronically provided signatures are accepted as original signatures.							