No. C 150365		Due no later than Aug 31, 2013		2. I	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			ROY H ROGERS DDS 1564 S TIMESQUARE LN BOISE ID 83709 3. New Registered Agent Signature:*			
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 needed. TREASURE VALLEY PEDIATRIC DENTISTRY, P.C. ROY H. ROGERS DDS 1564 S TIMESQUARE LN BOISE ID 83709 USA						
				3. 1				
4. Corporations: Ente	r Names and Busin	ess Addresses of Pres	ident, Secretary, and Directors. Trea	surer (opti	ional).			
Office Held	Name		Street or PO Address	Ci	ity	State	Country	Postal Code
DIRECTOR ROY H ROGER		GERS	1564 S. TIMESQUARE LN	ВС	OISE	ID	USA	83709
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Roy H Rogers		D	Date: 06/12/2013			
C 150365		Name (type or print): Roy H Rogers		Т	Title: Owner / Pediatric Dentist			
Processed 06/12/2013 * Electronically provided signatures are accepted as original signatures.								