

No. <b>W 47574</b>		Due no later than Feb 29, 2016 <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>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b> IDAHO PEDIATRIC DENTISTRY PLLC CHRISTOPHER K LOVELAND 4401 E FLAMINGO AVE NAMPA ID 83687		FRANKLIN G LEE 601 W BANNOCK ST BOISE ID 83702			
				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	
MANAGER	DR CHRISTOPHER K LOVELAND	224 E PRAIRIE VIEW LN	MERIDIAN	ID	USA	83642	
5. Organized Under the Laws of:  <b>ID W 47574</b>		6. Annual Report must be signed.* Signature: Andrea Loveland Name (type or print): Andrea Loveland Date: 12/23/2015 Title: Administrator					
Processed 12/23/2015		* Electronically provided signatures are accepted as original signatures.					