

No. W 47574		Due no later than Feb 28, 2015		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		1. Mailing Address: Correct in this box if needed. IDAHO PEDIATRIC DENTISTRY PLLC CHRISTOPHER K LOVELAND 4401 E FLAMINGO AVE NAMPA ID 83687 USA		FRANKLIN G LEE 601 W BANNOCK ST BOISE 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:		6. Annual Report must be signed.*					
ID W 47574		Signature: Christopher K. Loveland				Date: 03/16/2015	
		Name (type or print): Christopher K. Loveland				Title: Owner	
Processed 03/16/2015		* Electronically provided signatures are accepted as original signatures.					