No. **W 108509**	**Due no later than Nov 30, 2013** **Annual Report Form**	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.** CHILDREN'S DENTISTRY OF IDAHO, PLLC JEFFREY C BRYSON 349 W IOWA AVE NAMPA ID 83686	JEFFREY BRYSON 349 W IOWA AVE NAMPA ID 83686 3. New 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	LISA M BRYSON	349 W IOWA AVE	NAMPA	ID	USA	83686

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 108509**	Signature: Lisa Bryson	Date: 09/30/2013
	Name (type or print): Lisa Bryson	Title: Co-Owner

Processed 09/30/2013

* Electronically provided signatures are accepted as original signatures.