

No. C 150365		Due no later than Aug 31, 2009		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. TREASURE VALLEY PEDIATRIC DENTISTRY, P.C. ROY H. ROGERS DDS 1564 S TIMESQUARE LN BOISE ID 83709 USA		ROY H ROGERS DDS 1564 S TIMESQUARE LN BOISE ID 83709					
				3. <u>New</u> Registered Agent Signature:*					
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).									
Office Held	Name	Street or PO Address	City	State	Country	Postal Code			
DIRECTOR	ROY H ROGERS	1564 S. TIMESQUARE LN	BOISE	ID	USA	83709			
5. Organized Under the Laws of: ID C 150365		6. Annual Report must be signed.* Signature: Roy H. Rogers, DDS, MS Name (type or print): Roy H. Rogers, DDS, MS Date: 06/09/2009 Title: Director							
Processed 06/09/2009		* Electronically provided signatures are accepted as original signatures.							