

No. W 62571		Due no later than May 31, 2012 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		1. Mailing Address: Correct in this box if needed. KIDS' DENTIST, PLLC (THE) LAWRENCE W MEADORS DMD 2300 W EVEREST LANE STE 125 MERIDIAN ID 83646-6113 USA		LAWRENCE W MEADORS DMD 2300 W EVEREST LANE STE 125 MERIDIAN ID 83646-6113			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MEMBER	Name LAWRENCE W MEADORS DMD	Street or PO Address 381 W CRYSTAL BROOK CT		City EAGLE	State ID	Country USA	Postal Code 83616
5. Organized Under the Laws of: ID W 62571		6. Annual Report must be signed.* Signature: Lawrence W Meadors DMD Name (type or print): Lawrence W Meadors DMD Date: 04/11/2012 Title: Member					
Processed 04/11/2012 * Electronically provided signatures are accepted as original signatures.							