No. <b>C 128062</b>		Due no later than Mar 31, 2016	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form  1. Mailing Address: Correct in this box if needed.  RANDY SMITH PEDIATRIC DENTISTRY, P.A.  RANDY SMITH  3365 S HOLMES AVE  IDAHO FALLS ID 83404	3365 S HOLME IDAHO FALLS	RANDY SMITH 3365 S HOLMES AVE IDAHO FALLS ID 83404  3. New Registered Agent Signature:*		
NO FILING FEE IF RECEIVED BY DUE DATE  4. Corporations: Enter Names and Busine		ess Addresses of President, Secretary, and Directors. Treasurer	(ontional)			
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
PRESIDENT	RANDY SMΠ	TH 5000 S. 9 E.	IDAHO FALLS	ID	USA	83404
SECRETARY	MELANI SMI	TH 5000 S. 9 E.	<b>IDAHO FALLS</b>	ID	USA	83404
DIRECTOR	RANDY SMΠ	TH 5000 S. 9 E.	IDAHO FALLS,	ID	USA	83404
DIRECTOR	MELANI SMI	TH 5000 S. 9 E.	IDAHO FALLS	ID	USA	83404
5. Organized Under the Laws of:		6. Annual Report must be signed.*				
ID C 128062		Signature: Randy Smith Date: 01/25/2016				
		Name (type or print): Randy Smith	Title: Pre			
Processed 01/25/2016		* Electronically provided signatures are accepted as original sig	natures.			