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|---|--|--------------------------------------|---|-------------------------------------|-------------------|
| <p>No. C 150365</p> | <p>Due no later than August 31, 2005 Annual Report Form</p> | | <p>2. Registered Agent and Office NO PO BOX</p> | | |
| <p>Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080</p> <p>NO FILING FEE IF RECEIVED BY DUE DATE</p> | <p>1. Mailing Address - Correct in this box, if applicable TREASURE VALLEY PEDIATRIC DENTISTRY, 1564 S TIMESQUARE LN BOISE, ID 83709</p> | | <p>ROY H ROGERS DDS 1564 S TIMESQUARE LN BOISE, ID 83709</p> | | |
| <p>3. <u>New</u> Registered Agent Signature</p> | | | | | |
| <p>4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.</p> | | | | | |
| <p><u>Office held</u></p> | <p><u>Name</u></p> | <p><u>Street or P.O. Address</u></p> | <p><u>City</u></p> | <p><u>State</u></p> | <p><u>Zip</u></p> |
| <p>President</p> | <p>Roy H Rogers</p> | <p>1564 S Timesquare Ln</p> | <p>Boise</p> | <p>IB</p> | <p>83709</p> |
| <p>5. Organized Under the Laws of:</p> | | <p>6.</p> | | <p>Date <u>8/9/05</u></p> | |
| <p>IDAHO</p> | | <p>Signature <u>R. Roy</u></p> | | <p>Name <u>R. Roy</u></p> | |
| <p>C 150365</p> | | <p>(Typed or Printed)</p> | | <p>Title <u>Owner / Dentist</u></p> | |

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Do Not Tape or Staple

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