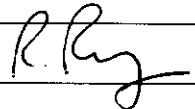


No. C 150365	Due no later than August 31, 2005		2. Registered Agent and Office NO PO BOX		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	Annual Report Form		ROY H ROGERS DDS		
	1. Mailing Address - Correct in this box, if applicable		1564 S TIMESQUARE LN		
TREASURE VALLEY PEDIATRIC DENTISTRY,		BOISE, ID 83709			
1564 S TIMESQUARE LN		BOISE, ID 83709			
BOISE, ID 83709					
				3. <u>New</u> Registered Agent Signature	
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.					
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
President	Roy H Rogers	1564 S Timesquare Ln	Boise	ID	83709
5. Organized Under the Laws of: IDAHO C 150365		6. Signature  Date <u>8/9/15</u> Name <small>(Typed or Printed)</small> _____ Title <u>Owner / Dentist</u>			

Issued 06/01/2005

Do Not Tape or Staple

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