

No. <b>W 32548</b>		<b>Due no later than Aug 31, 2015</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b> MERIDIAN PEDIATRIC DENTISTRY PLLC TOBY MERRIMAN 1550 E HERITAGE PARK ST STE 150 MERIDIAN ID 83646		TOBY MERRIMAN 1550 E HERITAGE PARK ST STE 150 MERIDIAN ID 83646	
				3. <u>New</u> Registered Agent Signature: *	
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.					
Office Held	Name	Street or PO Address	City	State	Country Postal Code
MEMBER	TOBY MERRIMAN	1550 E HERITAGE PARK ST STE 150	MERIDIAN	ID	83646
5. Organized Under the Laws of:  <b>ID W 32548</b>		6. Annual Report must be signed.* Signature: Toby Merriman Name (type or print): Toby Merriman Date: 06/30/2015 Title: member			
Processed 06/30/2015		* Electronically provided signatures are accepted as original signatures.			