No. **W 62571**	**Due no later than May 31, 2011** **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 **NO FILING FEE IF RECEIVED BY DUE DATE**	**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 3. New 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	LAWRENCE W MEADORS DMD	381 W CRYSTAL BROOK CT	EAGLE	ID	USA	83616-6113

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID	Signature: Lawrence W Meadors DMD	Date: 04/19/2011
W 62571	Name (type or print): Lawrence W Meadors DMD	Title: Member

Processed 04/19/2011

* Electronically provided signatures are accepted as original signatures.