

No. W 11188	Due no later than Feb 29, 2008 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. CHILDREN'S DENTISTRY, PLLC KEVIN KIZER 349 W IOWA AVE NAMPA ID 83686		ROBERT L DROZDA 1471 SHORELINE DR STE 100 BOISE ID 83702-9104			
			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	KEVIN KIZER, DDS	4634 N SYRACUSE PL	BOISE	ID	USA	83686
5. Organized Under the Laws of: ID W 11188		6. Annual Report must be signed.* Signature: Kevin Kizer, DDS Name (type or print): Kevin Kizer, DDS		Date: 01/13/2008 Title: Owner		
Processed 01/13/2008		* Electronically provided signatures are accepted as original signatures.				