

No. C 172131	Due no later than Mar 31, 2012 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. IDAHO ACADEMY OF PEDIATRIC DENTISTRY, INC. PEDIATRIC DENTAL CENTER OF NORTH IDAHO 1717 LINCOLN WY STE 205 COEUR D ALENE ID 83814	JOHN R UKICH DDS 1717 LINCOLN WY STE 205 COEUR D'ALENE ID 83814	
		3. <u>New</u> Registered Agent Signature:*	
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).			
Office Held	Name	Street or PO Address	City State Country Postal Code
PRESIDENT	JOHN R UKICH DDS	1717 LINCOLN WY STE 205	COEUR D'ALENE ID USA 83814
DIRECTOR	BRAD BARLOW DDS	602 N CALGARY CT STE 201	POST FALLS ID USA 83854
5. Organized Under the Laws of: ID C 172131	6. Annual Report must be signed.* Signature: John R Ukich Name (type or print): John R Ukich		Date: 02/17/2012 Title: President
Processed 02/17/2012		* Electronically provided signatures are accepted as original signatures.	