

No. C 97611		Due no later than Feb 28, 2015		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. PEDIATRIC DENTISTRY ASSOCIATES, P.A. DR. ROD EMORY D.D.S. 13014 W PERSIMMON LN BOISE ID 83713		DR ROD EMORY D.D.S. 13014 W PERSIMMON LN BOISE 83713		
				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
SECRETARY	TANYA D EMORY	5761 N. MARCLIFFE AVE.	BOISE	ID	USA	83704
PRESIDENT	ROD O EMORY	5761 N. MARCLIFFE AVE.	BOISE	ID	USA	83704
5. Organized Under the Laws of: ID C 97611		6. Annual Report must be signed.* Signature: Rod Emory, D.D.S. Name (type or print): Rod Emory, D.D.S. Date: 01/12/2015 Title: president				
Processed 01/12/2015		* Electronically provided signatures are accepted as original signatures.				