

No. W 19626	Due no later than Jun 30, 2013 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. DENTISTRY FOR CHILDREN, PLLC JESSICA CROXFORD 305 E JEFFERSON STE 103 BOISE ID 83712 USA		CHERYL HIGER 305 E JEFFERSON STE 103 BOISE ID 83712			
			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	CHERYL HIGER DMD	305 E JEFFERSON STE 103	BOISE	ID	USA	83712
5. Organized Under the Laws of: ID W 19626		6. Annual Report must be signed.* Signature: Cheryl Higer Name (type or print): Cheryl Higer		Date: 04/23/2013 Title: Owner		
Processed 04/23/2013		* Electronically provided signatures are accepted as original signatures.				