

| | | | | | | | |
|--|---------------|---|-------|---|---------|--|--|
| No. C 97611 | | Due no later than Feb 28, 2010 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. 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 ID 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. | | | | | |
| Processed 01/18/2010 | | Date: 01/18/2010 Title: President * Electronically provided signatures are accepted as original signatures. | | | | | |