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|--|--------------|--|-------|--|---------|-------------|--|--|--|
| No. C 150365 | | Due no later than Aug 31, 2007 | | 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. TREASURE VALLEY PEDIATRIC DENTISTRY, P.C. ROY H. ROGERS DDS 1564 S TIMESQUARE LN BOISE ID 83709 USA | | ROY H ROGERS DDS 1564 S TIMESQUARE LN BOISE ID 83709 | | | | | |
| | | | | 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 | | | |
| DIRECTOR | ROY H ROGERS | 1564 S. TIMESQUARE LN | BOISE | ID | USA | 83709 | | | |
| 5. Organized Under the Laws of: ID C 150365 | | 6. Annual Report must be signed.* Signature: Roy H. Rogers Name (type or print): Roy H. Rogers | | | | | | | |
| | | Date: 09/11/2007 Title: Doctor | | | | | | | |
| Processed 09/11/2007 | | * Electronically provided signatures are accepted as original signatures. | | | | | | | |