

No. W 32548		Due no later than Aug 31, 2016 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		1. Mailing Address: Correct in this box if needed. MERIDIAN PEDIATRIC DENTISTRY PLLC TOBY MERRIMAN 1550 E HERITAGE PARK ST STE 150 MERIDIAN ID 83646		TOBY MERRIMAN 1550 E HERITAGE PARK ST STE 150 MERIDIAN ID 83646			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MEMBER	Name TOBY MERRIMAN	Street or PO Address 1550 E HERITAGE PARK ST STE 150		City MERIDIAN	State ID	Country	Postal Code 83646
5. Organized Under the Laws of: ID W 32548		6. Annual Report must be signed.* Signature: Toby Merriman Name (type or print): Toby Merriman Date: 07/04/2016 Title: member					
Processed 07/04/2016 * Electronically provided signatures are accepted as original signatures.							