No. **C 150365**	**Due no later than Aug 31, 2012** **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. New 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:	6. Annual Report must be signed.*	
ID **C 150365**	Signature: Roy H. Rogers	Date: 06/12/2012
	Name (type or print): Roy H. Rogers	Title: Director, Dentist and Owner

Processed 06/12/2012

* Electronically provided signatures are accepted as original signatures.