

No. <b>C 97611</b>	<b>Due no later than Feb 28, 2017</b> <b>Annual Report Form</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF          RECEIVED BY DUE DATE</b>	<b>1. Mailing Address: Correct in this box if needed.</b>  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:  <b>ID C 97611</b>	6. Annual Report must be signed.* Signature: Rod Emory, D.D.S. Name (type or print): Rod Emory, D.D.S.		Date: 01/09/2017 Title: President			
Processed 01/09/2017		* Electronically provided signatures are accepted as original signatures.				