

No. <b>C 172131</b>	<b>Due no later than Mar 31, 2015</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> IDAHO ACADEMY OF PEDIATRIC DENTISTRY, INC. PEDIATRIC DENTAL CENTER OF NORTH IDAHO 1717 LINCOLN WY STE 205 COEUR D ALENE ID 83814		JOHN R UKICH DDS 1717 LINCOLN WY STE 205 COEUR D'ALENE 83814			
			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
PRESIDENT	JOHN R UKICH DDS	1717 LINCOLN WY STE 205	COEUR D'ALENE	ID	USA	83814
DIRECTOR	BRAD BARLOW DDS	602 N CALGARY CT STE 201	POST FALLS	ID	USA	83854
5. Organized Under the Laws of:  <b>ID C 172131</b>	6. Annual Report must be signed.* Signature: John R Ukich Name (type or print): John R Ukich		Date: 02/09/2015 Title: President			
Processed 02/09/2015		* Electronically provided signatures are accepted as original signatures.				