

No. <b>C 153684</b>	<b>Due no later than Mar 31, 2013</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> LITTLE SMILES PEDIATRIC DENTISTRY, P.C. KALYNNE P BARLOW 602 N. CALGARY CT STE 201 POST FALLS ID 83854 USA		ROBERT J FASNCHT 850 W IRONWOOD DR STE 101 COEUR D'ALENE ID 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	
SECRETARY	KALYNNE P BARLOW	3801 S CARPENTER LOOP	POST FALLS	ID	USA	83854	
PRESIDENT	BRADLEY S BARLOW	3801 S CARPENTER LOOP	POST FALLS	ID	USA	83854	
5. Organized Under the Laws of:  <b>ID C 153684</b>	6. Annual Report must be signed.* Signature: Kalyne Barlow Name (type or print): Kalyne Barlow		Date: 01/29/2013 Title: Secretary				
Processed 01/29/2013		* Electronically provided signatures are accepted as original signatures.					