No. W 11188		Due no later than Feb 28, 2010		2. Regist	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		ROBEI	ROBERT L DROZDA			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. CHILDREN'S DENTISTRY, PLLC KEVIN KIZER, DDS 349 W IOWA AVE NAMPA ID 83686-2856		BOISE	2537 W STATE STREET, SUITE 140 BOISE ID 83702-2200 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE		USA						
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.								
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER KEVIN KIZER		R, DDS	4634 N SYRACUSE PL	BOISE	ID	USA	83713-0737	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Kevin Kizer, Dds			Date: 02/01/2010			
W 11188		Name (type or print): Kevin Kizer, Dds			Title: Member			
Processed 02/01/2010 * Electronically provided signatures are accepted as original signatures.								