No. W 32548		Due no later than Aug 31, 2014		2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			TOBY MERRIMAN			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. MERIDIAN PEDIATRIC DENTISTRY PLLC TOBY MERRIMAN 1550 E HERITAGE PARK ST STE 150 MERIDIAN ID 83646		STE 150 MERIDIAN	1550 E HERITAGE PARK ST STE 150 MERIDIAN ID 83646 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Com	panies: Enter Na	mes and Address	es of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER TOBY MERRIMAN		IMAN	1938 E DUNWOODY CT	MERIDIAN	ID	USA	83646	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 32548		Signature: To		Date: 06/13/2014				
		Name (type o		Title: Member				
Processed 06/13/2014 * Electronically provided signatures are accepted as original signatures.								