No. C 128062		Due no later than Mar 31, 2015 2. Registered Agent and Address (NO PO B				PO BOX)	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. RANDY SMITH PEDIATRIC DENTISTRY, P.A. RANDY SMITH 3365 S HOLMES AVE IDAHO FALLS ID 83404	3365 S HOLME IDAHO FALLS	RANDY SMITH 3365 S HOLMES AVE			
NO FILING FEE IF RECEIVED BY DUE DATE 4. Corporations: Enter Names and Busin		ess Addresses of President, Secretary, and Directors. Treasure	or (ontional)				
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	RANDY SMΠ		IDAHO FALLS	ID	USA	83404	
SECRETARY	MELANI SMI		IDAHO FALLS	ID	USA	83404	
DIRECTOR	RANDY SMIT	TH 2794 ST CHARLES	IDAHO FALLS,	ID	USA	83404	
DIRECTOR	MELANI SMI	TH 2794 ST CHARLES	IDAHO FALLS	ID	USA	83404	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID		Signature: Randy Smith	Date: 01/26/2015				
C 128062		Name (type or print): Randy Smith			Title: Presdient		
Processed 01/26/2015	5	* Electronically provided signatures are accepted as original si	ignatures.				