No. **C 97611**	**Due no later than Feb 28, 2014**	2. Registered Agent and Address **(NO PO BOX)**
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 **NO FILING FEE IF RECEIVED BY DUE DATE**	**Annual Report Form** **1. Mailing Address: Correct in this box if needed.** PEDIATRIC DENTISTRY ASSOCIATES, P.A. DR. ROD EMORY D.D.S. 13014 W PERSIMMON LN BOISE ID 83713	DR ROD EMORY D.D.S. 13014 W PERSIMMON LN BOISE ID 83713 3. New 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	TANYA D EMORY	5761 N. MARCLIFFE AVE.	BOISE	ID	USA	83704
PRESIDENT	ROD O EMORY	5761 N. MARCLIFFE AVE.	BOISE	ID	USA	83704

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **C 97611**	Signature: Rod Emory, D.D.S	Date: 01/24/2014
	Name (type or print): Rod Emory, D.D.S	Title: President

Processed 01/24/2014

* Electronically provided signatures are accepted as original signatures.