

No. W 11188		Due no later than Feb 28, 2011 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: 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 USA		ROBERT L DROZDA 2537 W STATE STREET, SUITE 140 BOISE ID 83702-2200			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MEMBER	Name KEVIN KIZER, DDS	Street or PO Address 4634 N SYRACUSE PL		City BOISE	State ID	Country USA	Postal Code 83686
5. Organized Under the Laws of: ID W 11188		6. Annual Report must be signed.* Signature: Tabitha Kizer Name (type or print): Tabitha Kizer Date: 12/14/2010 Title: Practice Manager					
Processed 12/14/2010 * Electronically provided signatures are accepted as original signatures.							