

No. W 11188		Due no later than Feb 28, 2011		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		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			
				3. <u>New</u> Registered Agent Signature:*			
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, DDS	4634 N SYRACUSE PL	BOISE	ID	USA	83686	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 11188		Signature: Tabitha Kizer				Date: 12/14/2010	
		Name (type or print): Tabitha Kizer				Title: Practice Manager	
Processed 12/14/2010		* Electronically provided signatures are accepted as original signatures.					