

No. W 47574

**Due no later than February 28, 2009  
Annual Report Form**

**2. Registered Agent and Office NO PO BOX**

Return to:

SECRETARY OF STATE  
450 NORTH FOURTH STREET  
PO BOX 83720  
BOISE, ID 83720-0080

**NO FILING FEE IF  
RECEIVED BY DUE DATE**

1. Mailing Address - Correct in this box, if applicable

IDAHO PEDIATRIC DENTISTRY PLLC

601 W BANNOCK ST

BOISE, ID 83702

4401 E. Flamingo Ave.

Nampa, ID 83687

FRANKLIN G LEE  
601 W BANNOCK ST  
BOISE, ID 83702

3. New Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Managers.

| <u>Office held</u>  | <u>Name</u>          | <u>Street or P.O. Address</u> | <u>City</u> | <u>State</u> | <u>Zip</u> |
|---------------------|----------------------|-------------------------------|-------------|--------------|------------|
| President           | Christopher Loveland | 4401 E. Flamingo              | Nampa       | ID           | 83687      |
| Secretary/Treasurer | Andrea Loveland      | 4401 E. Flamingo              | Nampa       | ID           | 83687      |

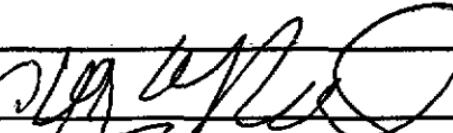
5. Organized Under the Laws of:

IDAHO  
W 47574

6.

Signature

Name (Type or  
Printed)



Christopher K. Loveland

Date 12/22/08

Title OWNER