

No. C 97611		Due no later than February 29, 2008 Annual Report Form		2. Registered Agent and Office NO PO BOX DR ROD EMORY D.D.S. 3270 N MAPLE GROVE BOISE, ID 83704																			
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		3. New Registered Agent Signature																			
		PEDIATRIC DENTISTRY ASSOCIATES, P.A. DR. ROD EMORY D.D.S. 3270 N MAPLE GROVE RD BOISE, ID 83704																					
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.																							
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%; text-align: left;"><u>Office held</u></th> <th style="width: 15%; text-align: left;"><u>Name</u></th> <th style="width: 35%; text-align: left;"><u>Street or P.O. Address</u></th> <th style="width: 10%; text-align: left;"><u>City</u></th> <th style="width: 10%; text-align: left;"><u>State</u></th> <th style="width: 15%; text-align: left;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>president</td> <td>Rod Emory</td> <td>5761 N. Marcliff Ave.</td> <td>Boise</td> <td>ID</td> <td>83704</td> </tr> <tr> <td>treas./sec.</td> <td>Kathy Emory</td> <td style="text-align: center;">"</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	president	Rod Emory	5761 N. Marcliff Ave.	Boise	ID	83704	treas./sec.	Kathy Emory	"			
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president	Rod Emory	5761 N. Marcliff Ave.	Boise	ID	83704																		
treas./sec.	Kathy Emory	"																					
5. Organized Under the Laws of: IDAHO C 97611		6. Signature <u>R. Emory, D.D.S.</u> Date <u>12/10/07</u> Name (Typed or Printed) <u>Rod Emory, D.D.S.</u> Title <u>president</u>																					
Issued 12/03/2007		Do Not Tape or Staple		200802001101																			