

No. C 97611	Due no later than Feb 28, 2018 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 NO FILING FEE IF RECEIVED BY DUE DATE	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. <u>New</u> 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	452 W. TALL PRAIRIE DR.	MERIDIAN	ID	USA	83642
PRESIDENT	ROD O EMORY	452	MERIDIAN	ID	USA	83642
5. Organized Under the Laws of: ID C 97611	6. Annual Report must be signed.* Signature: Rod Emory Name (type or print): Rod Emory		Date: 02/13/2018 Title: president			
Processed 02/13/2018		* Electronically provided signatures are accepted as original signatures.				