No. **C 128062**	**Due no later than Mar 31, 2007** **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.** RANDY SMITH PEDIATRIC DENISTRY, P.A. 329 S WOODRUFF AVE IDAHO FALLS ID 83401	RANDY SMITH 2794 ST. CHARLES AVE IDAHO FALLS ID 83404 3. New 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
PRESIDENT	RANDY SMITH	2794 ST CHARLES AVE	IDAHO FALLS	ID	USA	83404
SECRETARY	MELANI SMITH	2794 ST CHARLES	IDAHO FALLS	ID	USA	83404
DIRECTOR	RANDY SMITH	2794 ST CHARLES	IDAHO FALLS,	ID	USA	83404
DIRECTOR	MELANI SMITH	2794 ST CHARLES	IDAHO FALLS	ID	USA	83404

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
IDAHO **C 128062**	Signature: Randy Smith	Date: 01/11/2007
	Name (type or print): Randy Smith	Title: President

Processed 01/11/2007

* Electronically provided signatures are accepted as original signatures.