| No. C 81782 | Due no later than Jul 31, 2003 2. Registered Agent and Office NO PC | |
|--|--|-------------|
| 110. | Annual Report Form D.H. "SKIP" PIERCE, D.D.S | |
| Return to: | 1. Mailing Address - Correct in this box, if applicable 480 N. LATAH | |
| SECRETARY OF STATE | D. H. "SKIP" PIERCE, D.D.S., P.A. | |
| 700 WEST JEFFERSON | D.H. "SKIP" PIERCE, D.D.S BOISE, ID 83706 | |
| PO BOX 83720 | 480 NORTH LATAH | |
| BOISE, ID 83720-0080 | 3. New Registered Agent Signature | |
| | BOISE, ID 83706 | |
| NO FILING FEE IF | | |
| RECEIVED BY DUE DATE | A Literana of Propident Socretary and Directors | |
| Corporations: Enter Na | ames and Business Addresses of President, Secretary and Directors. | |
| | | |
| Office field (Name, | ARINI LATER PROICE ID 8370 | |
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| PRES. DEANH.F | PIERCE 460 N LATAH POICE 10 8370 | <i>م</i> ا(|
| | | |
| 5. Organized Under the Laws of: | | |
| | | |
| 5. Organized Under the Laws of: | | |