

No. <b>C 62150</b>		Due no later than Sep 30, 2009 <b>Annual Report Form</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b> DR. GARY W. LOWDER, D.D.S., P.A. GARY W. LOWDER 1320 NORTH 600 EAST #2 LOGAN UT 84341		JAY KOHLER 482 C STREET, STE. 313 IDAHO FALLS ID 83402			
				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	
DIRECTOR	MICHAEL L LOWDER	3920 IRIS AVE.	MOUNTAIN GREEN	UT	USA	84050	
TREASURER	LORALIE B LOWDER	1638 SO. TALON DRIVE	LOGAN	UT	USA	84321	
SECRETARY	LOUAN LOWDER	1050 GRANDVIEW DRIVE	PROVIDENCE	UT	USA	84332	
PRESIDENT	GARY W LOWDER	1320 NORTH 600 EAST SUITE #2	LOGAN	UT	USA	84341	
5. Organized Under the Laws of:  <b>ID C 62150</b>		6. Annual Report must be signed.* Signature: Gary W. Lowder, DDS Name (type or print): Gary W. Lowder, DDS Date: 09/15/2009 Title: President					
Processed 09/15/2009		* Electronically provided signatures are accepted as original signatures.					