lo. 954113	Idaho Corporation Annual Report Form	2. Registered Agent and Office
Return To Secretary of State Room 203, Statehouse Bolse, ID 83720 RECEIVEU SEC. OF OTATE	Due No Later Than November 1, 1988	EQWARD I. LOWRY
	1. Mailing Address Please Correct 0 54113	1800 LINCOLN WAY, #2U3 COEUR D'ALENE, IDAHO
	EDWARD I. LOWRY, DDS, P.A. EDWARD I. LOWRY, D.D.S. 1800 LINCOLN WAY,#203	83814
		Incorporated Under The Laws of
	COUR DE ALENEA TOAMO	_
om 9 07 Wheelend Addresses of Office	rs and Directors	STATE OF LOAMO
	Name Street or P.O. Address	<u>City </u>
President:	word I Lower DDS.	Same As Abone
Secretary:	D. C. J. Soll	Same As Abone Some as abone
Directors:	word I. Lowry DDS. udia G. Lowry R.D.H.	Some as above
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Nature of Business	6. I certify that this Annual Report Mas been exa	amined by me and is to the best of my knowle
Nature of Business	6. I certify that this Annual Report has been extended true, correct and complete.	115-100
Nature of Business	6. I certify that this Annual Report has been exact true, correct and complete. Signature Name Privated	amined by me and is to the best of my knowle