


No. <b>C 48582</b>	<b>Due no later than Dec 31, 2000</b>		2. Registered Agent and Office <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>Annual Report Form</b> 1. Mailing Address - Correct in this box, if applicable <b>RALPH H. FRANCIS, D.D.S. PROFESSION</b> <b>dba Nampa-Caldwell Orthodontics</b> <b>1609 12TH AVENUE ROAD</b>  <b>NAMPA, ID 83686</b>		<b>RALPH FRANCIS</b> <b>1609 12TH AVENUE ROAD</b>  <b>NAMPA, ID 83686</b>  3. <u>New</u> Registered Agent Signature																	
	4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.  <table border="0"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President</td> <td>Ralph H. Francis, DDS</td> <td>1609 12th Ave. Rd,</td> <td>Nampa,</td> <td>ID</td> <td>83686</td> </tr> <tr> <td>Secretary</td> <td>Patrick A. Niland, DDS MS</td> <td>1609 12th Ave. Rd.,</td> <td>Nampa,</td> <td>ID</td> <td>83686</td> </tr> </tbody> </table>			<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	President	Ralph H. Francis, DDS	1609 12th Ave. Rd,	Nampa,	ID	83686	Secretary	Patrick A. Niland, DDS MS	1609 12th Ave. Rd.,	Nampa,	ID
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5. Organized Under the Laws of:  <b>IDAHO</b> <b>C 48582</b>	6.  Signature _____ Date <u>10-12-00</u> Name (Typed or Printed) <u>Patrick A. Niland, DDS MS</u> Title: <u>Secretary</u>																			

Issued 10/02/2000

**Do Not Tape or Staple**

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