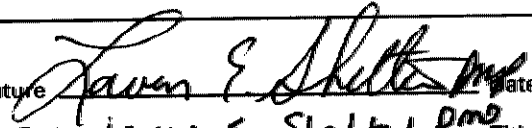


No. W 7276	Annual Report Form 1999 Due No Later Than November 30,		2. Registered Agent and Office NOT A P.O. BOX
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED * FIRST NOTICE *	1. Mailing Address - Please Correct, If Not Correct BOISE PERIODONTICS, LLC LAVON E SHELTON 1228 N COLE RD		LAVON E SHELTON 1228 N COLE RD BOISE ID 83704
	BOISE ID 83704		3. Organized Under the Laws of: ID W 7276

Corporations: Enter Names and Business Addresses of **President, Secretary and Directors**
 Limited Liability Companies: Enter Names and Addresses of ☒ **Managers** or ☐ **Members** (check one)

Office held	Name	Street or P.O. Address	City	State	Zip
Manager	Lavon E. Shelton ,D.M.D	1228 N. Cole Rd.	Boise,	ID.	83704
Manager	Kenneth G. Sherman II,D.D.S	1228 N. Cole Rd.	Boise,	ID.	83704

5. Signature of New Registered Agent	6.	
	Signature  Name (Typed or Printed) LAVON E Shelton DMD	Date 7/9/99 Title _____

ISSUED: 07-03-1999

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