

## INSTRUCTIONS ON REVERSE SIDE

No. 70262	<b>Idaho Corporation Annual Report Form</b> Due No Later Than November 1, 1991		2. Registered Agent and Office NOT A P.O. BOX F. BRION LOWRY 2018 GOLDKING WAY BOISE ID 83709																					
Return To Secretary of State Room 203, Statehouse Boise, ID 83720  NO FEE REQUIRED	1. Mailing Address: <i>Please Correct If Not Correct</i>		3. Incorporated Under The Laws of <u>18</u> NO: 070262																					
	F. BRION LOWRY, D.D.S., P.A. F. BRION LOWRY <del>2018 GOLDKING WAY</del> BOISE ID 83709																							
4. Names and Addresses of Officers and Directors <table border="1"> <thead> <tr> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>President: F. Brion Lowry</td> <td>1097 Kingfisher</td> <td>Boise</td> <td>ID</td> <td>83709</td> </tr> <tr> <td>Secretary:</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Directors:</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>					Name	Street or P.O. Address	City	State	Zip	President: F. Brion Lowry	1097 Kingfisher	Boise	ID	83709	Secretary:					Directors:				
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President: F. Brion Lowry	1097 Kingfisher	Boise	ID	83709																				
Secretary:																								
Directors:																								
5. Nature of Business Dental	6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. <table border="1"> <tr> <td>Signature</td> <td>Date</td> </tr> <tr> <td><i>F. Brion Lowry</i></td> <td>7-17-91</td> </tr> <tr> <td>Name (Typed or Printed)</td> <td>Title</td> </tr> <tr> <td>F. Brion Lowry DDS PA</td> <td>owner</td> </tr> </table>				Signature	Date	<i>F. Brion Lowry</i>	7-17-91	Name (Typed or Printed)	Title	F. Brion Lowry DDS PA	owner												
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