

No. C102138	Annual Report Form 1999 Due No Later Than November 30,		2. Registered Agent and Office NOT A P.O. BOX C T CORPORAITION SYSTEM 300 N 6TH ST BOISE ID 83701		
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 NORTH AMERICAN DENTAL REFERR 14929 SE Allen Rd # 203A 43810 SE EASTGATE WAY #305 BELLEVUE WA 98006		3. Organized Under the Laws of: WA C102138		
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one)					
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
pres.	Marilee Hansen	5006 136 th N SE	Bellevue	WA	98006
sec.	Marilee Hansen	5006 136 th N SE	Bellevue	WA	98006
Director	Marilee Hansen	5006 136 th N SE	Bellevue	WA	98006
5. Signature of New Registered Agent		6.			
Signature _____		Date <u>10-13-99</u>			
Name (Typed or Printed) <u>Marilee Hansen</u>		Title <u>President</u>			

ISSUED: 07-03-1999

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