


No. J 863	Due no later than Mar 31, 2011		2. Registered Agent and Office (NOT A P.O. BOX)			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. LOWRY DENTAL, LLP JOANN D LOWRY 9460 FRANKLIN RD BOISE ID 83709 USA		F BRION LOWRY 9460 FRANKLIN BOISE ID 83709 3. New Registered Agent Signature.			
4. Limited Liability Partnerships: Enter Names and Business Addresses of two (2) or more partners.						
Partners	Name	Street or PO Address	City	State	Country	Postal Code
	F. Brion Lowry	9460 Franklin Rd	Boise	Id	US	83709
	Eric B Lowry	9460 Franklin Rd	Boise	Id	US	83709
5. Organized Under the Laws of: IDAHO J 863		6. Signature:  Name (type or print): <u>F. Brion Lowry</u>				Date: <u>5/3/2011</u> Title: <u>partner</u>
Issued 05/02/2011 by LJM						113029

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected address **must** be inside Block 1.

Block 2: To change the registered agent or office, strike the incorrect information and write in the correct information. **Note:** The office of the registered agent must be at a street address in Idaho; **not a Post Office Box or Personal Mail Box.**

Registered agent must sign in Block 3.