

No. C 44860

Due no later than January 31, 2009

Annual Report Form

2. Registered Agent and Office **NO PO BOX**

Return to:

SECRETARY OF STATE
450 NORTH FOURTH STREET
PO BOX 83720
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

NORTHWESTERN MEDICAL ASSOCIATION, I
LAWRENCE AND MAST DDS
2150 112TH AVE NE
BELLEVUE, WA 98004CT CORPORATION SYSTEM
1111 W JEFFERSON STE 530
BOISE, ID 83702
USA**NO FILING FEE IF
RECEIVED BY DUE DATE**3. New Registered Agent Signature

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

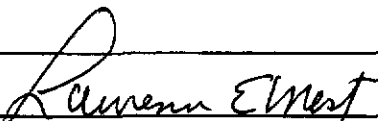
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
President	Dennis Witmer	same as above			
Sec/Treasurer	Lawrence E. Mast	same as above			

5. Organized Under the Laws of:

IDAHO
C 44860

6.

Signature



Date 11-28-08

Name (Typed or Printed)

Lawrence E. Mast

Title

Sec/Treas.

Issued 11/05/2008

Do Not Tape or Staple

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