

No. C 44860

Due no later than January 31, 2009  
Annual Report Form2. 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.

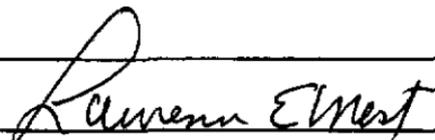
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
President	Dennis Witmer	same as above			
Sec/Treasurer	Lawrence E. Mast	same as above			

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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