

|                                                                                                                                                        |                |                                                                                                                                                                                  |       |                                                           |         |                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-----------------------------------------------------------|---------|------------------|--|
| No. <b>C 80505</b>                                                                                                                                     |                | <b>Due no later than Feb 29, 2012</b>                                                                                                                                            |       | 2. Registered Agent and Address <b>(NO PO BOX)</b>        |         |                  |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                | <b>1. Mailing Address: Correct in this box if needed.</b><br>RONALD E. LOWRY, D.D.S., M.D., P.A.<br>PATSY LOWRY RONALD E. LOWRY<br>1900 LAKE HERON LANE<br>BOISE ID 83706<br>USA |       | RONALD E. LOWRY<br>1900 LAKE HERON LANE<br>BOISE ID 83706 |         |                  |  |
|                                                                                                                                                        |                |                                                                                                                                                                                  |       | 3. <u>New</u> Registered Agent Signature:*                |         |                  |  |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).                                      |                |                                                                                                                                                                                  |       |                                                           |         |                  |  |
| Office Held                                                                                                                                            | Name           | Street or PO Address                                                                                                                                                             | City  | State                                                     | Country | Postal Code      |  |
| PRESIDENT                                                                                                                                              | RONALD E LOWRY | 1900 LAKE HERON LANE                                                                                                                                                             | BOISE | ID                                                        | USA     | 83706            |  |
| 5. Organized Under the Laws of:                                                                                                                        |                | 6. Annual Report must be signed.*                                                                                                                                                |       |                                                           |         |                  |  |
| <b>ID<br/>C 80505</b>                                                                                                                                  |                | Signature: Ronald E. Lowry, MD                                                                                                                                                   |       |                                                           |         | Date: 12/18/2011 |  |
|                                                                                                                                                        |                | Name (type or print): Ronald E. Lowry, MD                                                                                                                                        |       |                                                           |         | Title: President |  |
| Processed 12/18/2011                                                                                                                                   |                | * Electronically provided signatures are accepted as original signatures.                                                                                                        |       |                                                           |         |                  |  |