

No. J 863		Due no later than Mar 31, 2018 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. LOWRY DENTAL, LLP JOANN D LOWRY 9460 FRANKLIN RD BOISE ID 83709		F BRION LOWRY 9460 FRANKLIN BOISE ID 83709			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Partnerships: Enter Names and Business Addresses of two (2) or more partners.							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
PARTNER	F BRION LOWRY	9460 FRANKLIN RD	BOISE	ID	USA	83709	
PARTNER	ERIC LOWRY	9460 FRANKLIN RD	BOISE	ID	USA	83709	
PARTNER	BENJAMIN D LOWRY	9460 FRANKLIN ROAD	BOISE	ID	USA	83709	
5. Organized Under the Laws of: ID J 863		6. Annual Report must be signed.* Signature: JoAnn D. Lowry Name (type or print): JoAnn D. Lowry					
		Date: 01/23/2018 Title: AP BOOKKEEPER					
Processed 01/23/2018 * Electronically provided signatures are accepted as original signatures.							