




No. C 42513	Annual Report Form Due No Later Than November 30, 1999		2. Registered Agent and Office NOT A P.O. BOX																			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED	1. Mailing Address - Please Correct, If Not Correct JAMES M. MINAS, D.D.S. DENTA JAMES M. MINAS 7337 NORTHVIEW BOISE ID 83704		JAMES M. MINAS 7337 NORTHVIEW ST. BOISE ID 83704 3. Organized Under the Laws of: ID C 42513																			
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input checked="" type="checkbox"/> Members (check one) <table border="1"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>PRESIDENT</td> <td>JAMES M. MINAS DDS</td> <td>7337 NORTHVIEW</td> <td>BOISE</td> <td>ID</td> <td>83704</td> </tr> <tr> <td>SECRETARY</td> <td>JUDITH J. MINAS</td> <td>3400 STONE CREEK RD</td> <td>BOISE</td> <td>ID</td> <td>83703</td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip	PRESIDENT	JAMES M. MINAS DDS	7337 NORTHVIEW	BOISE	ID	83704	SECRETARY	JUDITH J. MINAS	3400 STONE CREEK RD	BOISE	ID	83703
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Signature of New Registered Agent	6. <table border="1"> <tr> <td>Signature</td> <td></td> <td>Date</td> <td>7/15/99</td> </tr> <tr> <td>Name (Typed or Printed)</td> <td>JAMES M. MINAS, DDS</td> <td>Title</td> <td>PRESIDENT</td> </tr> </table>				Signature		Date	7/15/99	Name (Typed or Printed)	JAMES M. MINAS, DDS	Title	PRESIDENT										
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ISSUED: 07-03-1999

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