

No. J 863	Due no later than Mar 31, 2016 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 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed.		F BRION LOWRY 9460 FRANKLIN BOISE ID 83709			
	LOWRY DENTAL, LLP JOANN D LOWRY 9460 FRANKLIN RD BOISE ID 83709		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
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: 01/25/2016 Title: BOOKKEEPER				
Processed 01/25/2016		* Electronically provided signatures are accepted as original signatures.				