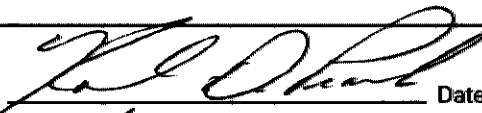


No. C106884	Annual Report Form 1999 <i>Due No Later Than November 30,</i>		2. Registered Agent and Office NOT A P.O. BOX KARL D. PEACH, D.D.S., M.S. 709 EAST 8TH STREET 1145 E. POLSTON AVE. POST FALLS ID 83854	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED * FIRST NOTICE *	1. Mailing Address - Please Correct, If Not Correct KARL D. PEACH, D.D.S., M.S., KARL D. PEACH, D.D.S., M. 709 EAST 8TH STREET 1145 E. Polston Ave POST FALLS ID 83854		3. Organized Under the Laws of: ID C106884	
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of ☐ Managers or ☐ Members (check one)				
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>
President	KARL PEACH	1145 E. POLSTON AVE	POST FALLS	ID
Vice President	BRENNAN PEACH			
5. Signature of New Registered Agent 		6.  Signature Name (Typed or Printed) KARL D PEACH Date 7-26-99 Title PRESIDENT.		

ISSUED: 07-03-1999

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