

No. C 54113	Annual Report Form 1999 Due No Later Than November 30,		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 * FIRST NOTICE *	1. Mailing Address - Please Correct If Not Correct ASSOCIATED DENTISTS OF COEUR EDWARD I. LOWRY, D.D.S. 1800 LINCOLN WAY, #100 COEUR D' ALENE ID 83814		EDWARD I. LOWRY 1800 LINCOLN WAY, #100 COEUR D' ALENE ID 83814 3. Organized Under the Laws of: ID C 54113																			
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) <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, Treasurer</td> <td>Edward I. Lowry</td> <td>Same as above</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Vice Pres., Secretary</td> <td>Stanley K. Rasmussen</td> <td>Same as above</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip	President, Treasurer	Edward I. Lowry	Same as above				Vice Pres., Secretary	Stanley K. Rasmussen	Same as above			
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President, Treasurer	Edward I. Lowry	Same as above																				
Vice Pres., Secretary	Stanley K. Rasmussen	Same as above																				
5. Signature of New Registered Agent		6. <table border="1"> <tr> <td>Signature</td> <td></td> <td>Date</td> <td>7/27/99</td> </tr> <tr> <td>Name (Typed or Printed)</td> <td>Edward I. Lowry</td> <td>Title</td> <td>President</td> </tr> </table>			Signature		Date	7/27/99	Name (Typed or Printed)	Edward I. Lowry	Title	President										
Signature		Date	7/27/99																			
Name (Typed or Printed)	Edward I. Lowry	Title	President																			

ISSUED: 07-03-1999

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