

No. C117989	Annual Report Form Due No Later Than November 30, 1997		2. Registered Agent and Office NOT A P.O. BOX THOMAS U COX DDS 1212 N COLE RD, BOISE ID 83704	
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 THOMAS COX, D.D.S., P.A. THOMAS U COX 1212 N COLE RD		3. Organized Under the Laws of: ID C117989	
** FINAL NOTICE **				
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 type="checkbox"/> Members (check one)				
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u> <u>Zip</u>
President	Thomas U. Cox	1212 N. Cole Rd	Boise,	ID 83704
Secretary	Lisakay Cox	1212 N. Cole Rd	Boise,	ID 83704
5.		6. <div style="margin-top: 20px;"> Signature <u>Lisakay Cox</u> Date <u>11-13-97</u> Name (Typed or Printed) <u>Lisakay Cox</u> Title <u>Secretary</u> </div>		

ISSUED: 10-04-1997

↓ DO NOT TAPE OR STAPLE ↓

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