

August 15, 1996

Howard Earl
Howard L. Earl, D.D.S. C44337
504 Main #480
Lewiston ID 83501

RE: Howard L. Earl, D.D.S. C44337

Greetings:

Please find enclosed your recently submitted annual report for the 1996-1997 fiscal year. We are unable to accept it in its present form. Please make the following correction(s) and return to this office.

You have stated that your corporation has gone out of business or is not transacting business in Idaho. The records of this office, however, do not indicate that the corporation has filed a formal dissolution.

If you wish to formally dissolve your corporation, you must comply with the requirements of Section 30-1-92, Idaho Code, by filing Articles of Dissolution in duplicate with this office along with the required statutory fee of \$30.00. The Articles of Dissolution should be filed before December 3, 1996 or an annual report filed by December 3, 1996 to avoid forfeiture.

If instead you wish to just allow the corporation to forfeit its right to do business in Idaho, then please disregard any subsequent annual report forms which you may receive and the corporation will be automatically forfeited on December 3, 1996.

If you have any questions or need further assistance, please do not hesitate to contact this office at (208) 332-2811.

Very truly yours,

No. C 44337

Annual Report Form 1995
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

HOWARD L. EARL, D.D.S., CHAR
HOWARD L. EARL
504 MAIN #430

LEWISTON ID 83501

HOWARD L. EARL, DDS
504 MAIN STE 430

LEWISTON ID 83501

3. Organized Under the Laws of:

ID C 44337

4. Corporations: Enter Names and Addresses of **President, Secretary and Directors**
Limited Liability Companies: Enter Names and Addresses of Managers or Members (check one)

Office held Name Street or P.O. Address City State Zip

Dr Earl retired 4/30/95 / Corporation ended 3/30/96

5. NATURE OF BUSINESS

DENTISTRY

6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.
Signature _____ Date _____
Name (Typed or Printed) _____ Title _____

ISSUED: J7-06-1996

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