

No. C124019	Annual Report Form 1999 <i>Due No Later Than November 30,</i>		2. Registered Agent and Office NOT A P.O. BOX KAREN A HAKE 1223 S MAPLE GROVE RD BOISE ID 83709																			
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 KAREN A. HAKE, D.M.D., P.A. KAREN A HAKE 1223 S MAPLE GROVE RD BOISE ID 83709		3. Organized Under the Laws of: ID C124019																			
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)																						
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Office held</u></th> <th style="text-align: left;"><u>Name</u></th> <th style="text-align: left;"><u>Street or P.O. Address</u></th> <th style="text-align: left;"><u>City</u></th> <th style="text-align: left;"><u>State</u></th> <th style="text-align: left;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>PRESIDENT</td> <td>KAREN A HAKE</td> <td>1223 S MAPLE GROVE</td> <td>BOISE</td> <td>ID</td> <td>83709</td> </tr> <tr> <td>SECRETARY</td> <td>STEVEN ALLISON</td> <td>1223 S MAPLE GROVE</td> <td>BOISE</td> <td>ID</td> <td>83709</td> </tr> </tbody> </table>					<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	PRESIDENT	KAREN A HAKE	1223 S MAPLE GROVE	BOISE	ID	83709	SECRETARY	STEVEN ALLISON	1223 S MAPLE GROVE	BOISE	ID	83709
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SECRETARY	STEVEN ALLISON	1223 S MAPLE GROVE	BOISE	ID	83709																	
5. Signature of New Registered Agent		6. <div style="margin-top: 20px;"> Signature <u><i>Karen A Hake</i></u> Date <u>10-24-99</u> Name (Typed or Printed) _____ Title _____ </div>																				

ISSUED: 07-03-1999

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