

NO. W 2423

Annual Report Form

Due No Later Than November 30, 1997

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**** FINAL NOTICE ****

1. Mailing Address - Please Correct, If Not Correct

HARRIS OSWALD DENTAL, P.L.L.
 JAY M HARRIS
 1810 MORAN

IDAHO FALLS ID 83401

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 1810 MORAN

IDAHO FALLS ID 83401

3. Organized Under the Laws of:

ID W 2423

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)

Office heldNameStreet or P.O. AddressCityStateZip

Members
 Members

Jay M. Harris
 Brad Oswald

3125 Springwood Ln.
 1925 Falcon Dr.

Idaho Falls
 Ammon

ID 83404
 ID 83406

5. SIGNATURE OF CURRENT RA

6.

Signature

Name

(Typed or Printed)

Brad Oswald

Date 10-14-97

Title Member

ISSUED: 10-04-1997

(DO NOT TAPE OR STAPLE)

440