

Annual Report Form

1990

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

BRINGHURST FAMILY DENTISTRY,
GARY L BRINGHURST
POCATELLO CREEK OFFICE PARK
1175 CALL PLACE #200
POCATELLO ID 83201

GARY L BRINGHURST
POCATELLO CREEK OFFICE
1175 CALL PLACE #200
POCATELLO ID 83201

3. Organized Under the Laws of:

ID W 1029

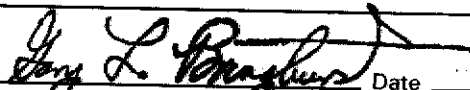
4. Corporations: Enter Names and Business Addresses of **President, Secretary and Directors**Limited Liability Companies: Enter Names and Addresses of ☒ **Managers** or ☐ **Members** (check one)Office heldNameStreet or P.O. AddressCityStateZip

Manager Gary L Bringhurst 1175 Call Pl #200 Pocatello ID 83201

5. Signature of New Registered Agent

6.

Signature



Date

10-21-98

Name (Typed or Printed)

Gary L Bringhurst

Title

Manager

ISSUED: 07-03-1998

DO NOT TAPE OR STAPLE

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