

No. <b>J 94</b>	<b>Due no later than Nov 30, 2002</b>		2. Registered Agent and Office <b>NO PO BOX</b>	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>Annual Report Form</b>		BRIAN M HOWARD	
	1. Mailing Address - Correct in this box, if applicable NAMPA PLAZA DENTAL ASSOCIATES, L.L. BRIAN M HOWARD 1613A 12TH AVE RD  NAMPA, ID 83686		1613A 12TH AVE RD  NAMPA, ID 83686	
4. Limited Liability Partnerships: No further information is required.  <div style="display: flex; justify-content: space-between;"> <span><u>Office held</u></span> <span><u>Name</u></span> <span><u>Street or P.O. Address</u></span> <span><u>City</u></span> <span><u>State</u></span> <span><u>Zip</u></span> </div>				
5. Organized Under the Laws of:  IDAHO J 94		6. Signature <u>B. M. Howard</u> Date <u>10-3-02</u> Name <small>(Typed or Printed)</small> <u>Brian M Howard, DDS</u> Title <u>Partner</u>		