

Annual Report Form

1998

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

WENDEL J. LEWIS, D.M.D., P.A.

WENDEL J. LEWIS, D.M.D.

~~30 PROFESSIONAL PLAZA~~

130 WEST MAIN

REXBURG

ID 83440

WENDEL J. LEWIS, D.M.D.

~~30 PROFESSIONAL PLAZA~~

130 WEST MAIN

REXBURG

ID 83340

3. Organized Under the Laws of:

ID

C 52051

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

President

WENDEL J. LEWIS DMD 1810 E. 3300 N.

ST. ANTHONY

ID.

83445

Sec.

SHARON B. LEWIS

" "

"

"

"

5. Signature of New Registered Agent

6.

Signature

Date

28 Sept '98

Name (Typed or
Printed)

WENDEL J. LEWIS DMD

Title

Pres.

ISSUED: 07-03-1998

10099

DO NOT TAPE OR STAPLE