

Annual Report Form
Due No Later Than November 30,

1995

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 PLZ~~
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 held

Name

Street or P.O. Address

City

State

Zip

President

WENDEL J. LEWIS DMD 1810 E. 330th.

ST. ANTHONY

ID.

83445

See.

SHARON B. LEWIS

" "

" "

" "

" "

5. Signature of New Registered Agent

6.

Signature

Date

28 Sept '98

Name (Typed or
Printed)

WENDEL J. LEWIS DMD

Title

DMD

10099

ISSUED: 07-03-1998

DO NOT TAPE OR STAPLE