

No. J 863

Due no later than March 31, 2009  
Annual Report Form

2. Registered Agent and Office NO PO BOX

Return to:  
SECRETARY OF STATE  
450 NORTH FOURTH STREET  
PO BOX 83720  
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

LOWRY DENTAL, LLP  
9460 FRANKLIN RD  
BOISE, ID 83709F BRION LOWRY  
9460 FRANKLIN  
BOISE, ID 83709NO FILING FEE IF  
RECEIVED BY DUE DATE3. New Registered Agent Signature

4. Limited Liability Partnerships: Enter Names and Business Addresses of two (2) or more partners.

Office heldNameStreet or P.O. AddressCityStateZip

Partner F. Brion Lowry PO Box 191069 Boise, Id 83719

Partner Eric B. Lowry 10260 Highlander Dr Boise, Id 83709

5. Organized Under the Laws of:

IDAHO  
J 863

6.

Signature

Name (Typed or Printed)

F Brion Lowry

Date

1-14-09

Title

Partner