

NO. C 83308	Annual Report Form Due No Later Than November 30, 1998		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 ** FINAL NOTICE **	1. Mailing Address - Please Correct, If Not Correct JOHN E. THOMSON, D.D.S., P.A. JOHN E. THOMSON, D.D.S. 307 S 8TH ST ST. MARIES ID 83861		JOHN E. THOMSON, D.D.S. 201 S. 8TH ST. ST. MARIES ID 83861 3. Organized Under the Laws of: ID C 88308																			
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one) <table border="1"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>President</td> <td>John Thomson DDS</td> <td>307 S. 8th</td> <td>St. Maries</td> <td>ID</td> <td>83861</td> </tr> <tr> <td>Secretary</td> <td>Bobbie Thomson</td> <td>same</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip	President	John Thomson DDS	307 S. 8th	St. Maries	ID	83861	Secretary	Bobbie Thomson	same			
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President	John Thomson DDS	307 S. 8th	St. Maries	ID	83861																	
Secretary	Bobbie Thomson	same																				
5. Signature of New Registered Agent		6. Signature <u>John Thomson DDS</u> Date <u>10-14-98</u> Name (Typed or Printed) <u>John Thomson DDS</u> Title <u>President</u>																				

ISSUED: 10-03-1998

DO NOT TAPE OR STAPLE

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