

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

HARRIS **DENTAL, P.L.L.C.**
JAY M HARRIS
1810 MORAN

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IDAHO FALLS ID 83401

3. Organized Under the Laws of:

ID W 2423

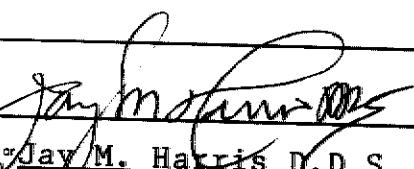
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors
Limited Liability Companies: Enter Names and Addresses of Managers or Members (check one)

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
Owner	Jay M. Harris	1810 Moran	Idaho Falls	ID	83401

5. Signature of New Registered Agent

6.

Signature

Name Typed or
Printed
Jay M. Harris DDSDate **10-09-98**Title **Owner****ISSUED! 10-03-1998**

DO NOT TAPE OR STAPLE

550