

(Please type or print legibly)

Pursuant to Section 53-507 and 53-508, Idaho Code, the undersigned gives notice of the action(s) indicated below:

- | Add: | Delete: | Name: | Address: |
|-------------------------------------|-------------------------------------|--------------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>Ty C. Corbridge DMD, PC</u> | <u>1323 Michigan St., Sandpoint, ID 83864</u> |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <u>Ty C. Corbridge DMD, PC</u> | <u>P.O. Box 1347, Priest River, ID 83856</u> |
| <input type="checkbox"/> | <input type="checkbox"/> | | |

- | | | |
|--|--|--|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Agriculture | <input type="checkbox"/> Finance, Insurance, and Real Estate |
| <input type="checkbox"/> Services | <input type="checkbox"/> Construction | <input type="checkbox"/> Mining |

- Ty C. Corbridge DMD, PC, 1323 Michigan St., Sandpoint, ID 83864**

-
-
-

(see instruction # 9 on back of form)

Secretary of State use only

Revised 04/2013

IDAHO SECRETARY OF STATE
05/27/2008 05:00
CK: 157 CT: 226365 BH: 1116842
1 @ 10.00 = 10.00 ASSUM AMEN @ 2