No. C 62150		Due no later than Sep 30, 2012 Annual Report Form 1. Mailing Address: Correct in this box if needed. DR. GARY W. LOWDER, D.D.S., P.A. GARY W. LOWDER 1320 NORTH 600 EAST #2 LOGAN UT 84341		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE				JAY KOHLER 482 C STREET, STE. 313 IDAHO FALLS ID 83402 3. New Registered Agent Signature:*			
4. Corporations: Enter Na	mes and Busin	ess Addresses of Pres	ident, Secretary, and Directors. Treasure	er (optional).			
Office Held	Name		Street or PO Address	City	State	Country	Postal Code
DIRECTOR	MICHAEL L LOWDER		3920 IRIS AVE.	MOUNTAIN GREEN	υT	USA	84050
TREASURER	LORALIE B LOWDER		1638 SO. TALON DRIVE	LOGAN	UT	USA	84321
SECRETARY			1050 GRANDVIEW DRIVE	PROVIDENCE	UT	USA	84332
PRESIDENT	GARY W LO	WDER	1320 NORTH 600 EAST SUITE #2	LOGAN	υT	USA	84341
5. Organized Under the Laws of:		6. Annual Report mu					
ID		Signature: Gary W	Date: 07/27/2012				
C 62150		Name (type or pri		Title: President			
Processed 07/27/2012 * Electronically provided signatures are accepted as original signatures.							