	Due no later than May 31, 2002 2. Registered Agent and Office	
No. W 15303	Annual Report Form JAMES B LEWIS DMD	
Return to:	Mailing Address - Correct in this box. if applicable 2025 W PINE ST	
SECRETARY OF STATE	MUVIMITED COMPANY	
700 WEST JEFFERSON	JAMES B LEWIS DMD SANDPOINT, ID 83864	
PO BOX 83720	2026 W PINE ST	
BOISE, ID 83720-0080	3. New Registered Agent Sign	ature
N.O. FEE IC	SANDPOINT, ID 83864	
NO FILING FEE IF		
RECEIVED BY DUE DATE	rises Enter Names and Addresses of Members.	
 Limited Liability Compa 	nies: Enter Names and Addresses of Members. City State Z	<u>Zip</u>
Office held Name		
<u> </u>	11 Day 200 Coulon 1 TD 838	64
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Member: Marc Cr	Vatori PUBOR 108 Sangeme =	418
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Member: Marc Cr	Rlawis DoBoc988 Sandpoint ID 838	bef
Member: Marc Cr Member: James	BLewis Poboc988 Sandpoint ID 838	64
Member: Marc Cr Member: James	Jatoni Po Box 988 Sandpoint ID 838 B Lewis Po Box 988 Sandpoint ID 838	bef
Member: Marc Cr Member: James	BLewis Pobox 988 Sandpoint ID 838	bef
Member: Marc Cr Member: James	BLewis Pobox 988 Sandpoint ID 838	bof
Member: Marc Cr Member: James	Blewis Pobox 988 Sandpoint ID 838	64
Member: Marc C. Member: James 5. Organized Under the Laws of:		
5. Organized Under the Laws of:		
5. Organized Under the Laws of: IDAHO		
5. Organized Under the Laws of:		02
Organized Under the Laws of: IDAHO	6. Signature formes B. Lewis Date 3/13/6 Name Printed James B. Lewis Title Use Pre	