

No. J 863		Due no later than Mar 31, 2015		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		Annual Report Form		F BRION LOWRY 9460 FRANKLIN BOISE 83709			
		1. Mailing Address: Correct in this box if needed.		3. <u>New</u> Registered Agent Signature:*			
		LOWRY DENTAL, LLP JOANN D LOWRY 9460 FRANKLIN RD BOISE ID 83709 USA					
4. Limited Liability Partnerships: Enter Names and Business Addresses of two (2) or more partners.							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
PARTNER	F BRION LOWRY	9460 FRANKLIN RD	BOISE	ID	USA	83709	
PARTNER	ERIC LOWRY	9460 FRANKLIN RD	BOISE	ID	USA	83709	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID J 863		Signature: JoAnn Lowry			Date: 01/20/2015		
		Name (type or print): JoAnn Lowry			Title: Bookkeeper		
Processed 01/20/2015		* Electronically provided signatures are accepted as original signatures.					