

Annual Report Form

1997

Due No Later Than November 30,

2. Registered Agent and Office NOT A P.O. BOX

DATE

PERSON

BOX 83720

BOISE, ID 83720-0080

NO FEE REQUIRED

* FIRST NOTICE *

1. Mailing Address - Please Correct, If Not Correct

BRINGHURST FAMILY DENTISTRY,

GARY L BRINGHURST

~~1448 E CENTER ST STE G~~

Pocatello Creek Office Park

~~1175 Call Place #200~~

POCATELLO

ID 83201

GARY L BRINGHURST

~~1448 E CENTER ST STE G~~

POCATELLO

ID 83201

3. Organized Under the Laws of:

ID

W

1029

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)

Office heldNameStreet or P.O. AddressCityStateZip

Genl Partner

Gary L Bringhurst

Pocatello Creek Office Park
1175 Call Place #200

Pocatello ID 83201

5. SIGNATURE OF CURRENT RA

6.

Signature

Date

Name (Typed or Printed)

Title


 Gary L Bringhurst

10-25-97

Genl Partner

ISSUED: 07-04-1997

↓ DO NOT TAPE OR STAPLE ↓

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