o. C 70989	i	nnual Report Form lo Later Than November 30,	2. Registered Agent a		
eturn to: ﴿ SECRETARY OF STATE	1. Mailing Address	- Please Correct. If Not Correct	JOHN D. 8 1916 ELL		TEN DOQ
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	BLAISDEL JOHN D.	L DENTAL CENTER, P Blaisdell, DDS	■ ·	19	83605
NO FEE REQUIRED	1916 ELL	IS	3. Organized Under t	the Laws of:	
* FIRST NOTION	CE * CALDWELL	ID 63695	ID	C 70	989
	ames and Business Addresses panies: Enter Names and Addr	of President, Secretary and Direct resses of Managers or Me	ors mbers (check one)		
Office held	Name	Street or P.O. Address	City	<u>State</u>	Zip
Provident	Name John D. Blaisdell John A. Blaisdell	1916 Ellis Ave	Caldwell Caldwell	<u>_77</u>)	83605
Con thereman	John a Bleislall	1916E11,5 Ne.	Coldwell	<i>-7D</i>)	83605
50,000					
	egistered Agent 6.	Ind Wha	all	7-15	79
	egistered Agent 6.	gnature	Date	7-15	79
Signature of New R	egistered Agent 6.	Ind Wha	Date	7-15	79
	egistered Agent 6.	Ind Wha	Date	7-15	79
	egistered Agent 6.	Ind Wha	Date	7-15	79
	egistered Agent 6.	Ind Wha	Date	7-15	79
	egistered Agent 6.	Ind Wha	Date	7-15	79
	egistered Agent 6.	Ind Wha	Date	7-15	79
	egistered Agent 6.	Ind Wha	Date	7-15	79

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