

No. C112407	Annual Report Form 1999 Due No Later Than November 30.		2. Registered Agent and Office - NOT A P.O. BOX																			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED ** FINAL NOTICE **	1. Mailing Address - Please Correct, if Not Correct BETHEL DENTAL GROUP, P.A. ROBERT O STEVENS 9460 WEST FRANKLIN RD		ROBERT O STEVENS 9460 WEST FRANKLIN RD BOISE ID 83709																			
	BOISE ID 83709		3. Organized Under the Laws of: ID C112407																			
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)																						
<table border="1"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>president</td> <td>Robert Stevens</td> <td>3517 Hillcrest Dr</td> <td>Boise</td> <td>ID</td> <td>83705</td> </tr> <tr> <td>secretary</td> <td>Maureen Stevens</td> <td>3517 Hillcrest Dr</td> <td>Boise</td> <td>ID</td> <td>83705</td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip	president	Robert Stevens	3517 Hillcrest Dr	Boise	ID	83705	secretary	Maureen Stevens	3517 Hillcrest Dr	Boise	ID	83705
Office held	Name	Street or P.O. Address	City	State	Zip																	
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5. <u>New</u> Registered Agent Signature		6. Signature <u>Robert O Stevens</u> Date <u>10/10/99</u> Name (Typed or Printed) <u>Robert O. Stevens</u> Title <u>President</u>																				

ISSUED: 10-01-1999

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