

No. C118459	Annual Report Form 1999 <i>Due No Later Than November 30,</i>		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 * FIRST NOTICE *	1. Mailing Address - Please Correct, If Not Correct		ROBERT H HARRISON DDS 1305 HWY 2 W													
	ROBERT H. HARRISON, D.D.S., 1305 HWY 2 WEST SANDPOINT ID 83864		SANDPOINT ID 83864 3. Organized Under the Laws of: ID C118459													
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" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;">Office held</th> <th style="width:25%;">Name</th> <th style="width:30%;">Street or P.O. Address</th> <th style="width:15%;">City</th> <th style="width:10%;">State</th> <th style="width:10%;">Zip</th> </tr> </thead> <tbody> <tr> <td>PRES / DIR.</td> <td>ROBERT HARRISON</td> <td>530 S. FLORENCE</td> <td>Sndpt</td> <td>ID</td> <td>83864</td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip	PRES / DIR.	ROBERT HARRISON	530 S. FLORENCE	Sndpt	ID	83864
Office held	Name	Street or P.O. Address	City	State	Zip											
PRES / DIR.	ROBERT HARRISON	530 S. FLORENCE	Sndpt	ID	83864											
5. Signature of New Registered Agent		6. <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:40%;">Signature <i>Robert Harrison</i></td> <td style="width:20%;">Date 7/22/99</td> </tr> <tr> <td>Name (Typed or Printed) ROBERT HARRISON</td> <td>Title OWNER</td> </tr> </table>			Signature <i>Robert Harrison</i>	Date 7/22/99	Name (Typed or Printed) ROBERT HARRISON	Title OWNER								
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ISSUED: 07-03-1999
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