

No. C 59151

Annual Report Form

Due No Later Than November 30, 1997

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

ORAL AND MAXILLOFACIAL SURGE

~~VERNON B. BECK, D.M.D.~~

333 S. WOODRUFF

WINSTON V BEARD
2105 CORONADO

IDAHO FALLS ID 83404 7

3. Organized Under the Laws of:

ID C 59151

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 held

Name

Street or P.O. Address

City

State

Zip

PRESIDENT	GARY L. SANT, DMD	333 S. WOODRUFF	IDAHO FALLS	IDAHO	83401
SECRETARY	LARAINÉ R. SANT	333 S. WOODRUFF	IDAHO FALLS	IDAHO	83401

5.

6.

Signature

Gary L. Sant, DMD

Date

10/25/97

Name (Typed or Printed)

GARY L. SANT, DMD

Title

PRESIDENT

ISSUED: 07-04-1997

DO NOT TAPE OR STAPLE

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