

INSTRUCTIONS ON REVERSE SIDE

No. 57344	Idaho Corporation Annual Report Form Due No Later Than November 1, 1991	2. Registered Agent and Office NOT A P.O. BOX GERALD W. VOPLICKY, DDS 780 W. CHERRY LANE MERIDIAN ID 83642
Return To Secretary of State Room 203, Statehouse Boise, ID 83720 NO FEE REQUIRED	1. Mailing Address: <i>Please Correct If Not Correct</i>	3. Incorporated Under The Laws of <u>18</u> NO: 057344
	VORLICKY AND CAMMANN, P.A. GERALD W. VORLICKY 780 W. CHERRY LANE MERIDIAN ID 83642	

4. Names and Addresses of Officers and Directors

	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
President:	Michael M. Cammann	11375 Tioga	Boise	Idaho	83704
Secretary:	Gerald W. Vorlicky	10372 Treeline St.	Boise	Idaho	83704
Directors:	Gerald W. Vorlicky	10372 Treeline St.	Boise	Idaho	83704
	Marcia Vorlicky	10372 Treeline St.	Boise	Idaho	83704
	Michael M. Cammann	11375 Tioga	Boise	Idaho	83704
	Gwen Cammann	11375 Tioga	Boise	Idaho	83704

5. Nature of Business

Dental Practice

6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.

Signature

 Name (Typed or
Printed)

Date

Title

 M. Michael M. Cammann
 MICHAEL M. CAMMANN

7/18/91

PRES