

No. C 47146

Annual Report Form

1997

2 Registered Agent and Office NOT A P O B OX

Due No Later Than November 30,

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

JOHN G. BRANZ, D.D.S., CHART
JOHN G BRANZ DDS
P. O. BOX 550

WALLACE

ID 83873

DR. JOHN G. BRANZ
411 THIRD STREET

WALLACE ID 83873

3. Organized Under the Laws of

ID

C 47146

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

JOHN G. BRANZ

413 PINE ST.

WALLACE

Id. 83873

Treas.

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Sec

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5.

6.

Signature

Date

7/29/97

Name (Typed or Printed)

JOHN G. BRANZ DDS

Title

Owner

ISSUED: 07-04-1997

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↓ DO NOT TAPE OR STAPLE ↓