

INSTRUCTIONS ON REVERSE SIDE

No. 59151	Idaho Corporation Annual Report Form Due No Later Than November 1, 1991	2. Registered Agent and Office NOT A P.O. BOX WINSTON V. BEARD 683 NORTH CAPITAL, PO BOX IDAHO FALLS ID 83402
Return To Secretary of State Room 203, Statehouse Boise, ID 83720 NO FEE REQUIRED	1. Mailing Address: <i>Please Correct If Not Correct</i> ORAL AND MAXILLOFACIAL SURG VERNON B. BECK, D.M.D. 333 S. WOODRUFF IDAHO FALLS ID 83401	3. Incorporated Under The Laws of ID NO: 059151

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:	Vernon B Beck DMD	333 S. Woodruff Ave	Idaho Falls	ID	83401
Secretary:	Gary L. Sant DMD	" "	" "	" "	" "
Directors:	Vernon B Beck DMD	" "	" "	" "	" "
	Gary L. Sant DMD	" "	" "	" "	" "

5. Nature of Business

Oral Surgical Services

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)

 Vernon B Beck DMD
 Vernon B Beck DMD

Date

Title

7/9/91

President