

No. 58900	Idaho Corporation Annual Report Form		2. Registered Agent and Office NOT A P.O. BOX									
Return To Secretary of State Room 203, Statehouse Boise, ID 83720 * FIRST NOTICE * NO FEE REQUIRED	Due No Later Than November 1, 1993		MARRINER F. BINGHAM									
	1. Mailing Address		215 EAST HAWAII									
	MARRINER F. BINGHAM, D.D.S., P.		NAMPA ID 83651									
	MARRINER F. BINGHAM 215 EAST HAWAII		3. Incorporated Under The Laws									
	NAMPA ID 83651		of ID NO: 58900									
4. Names and Addresses of Officers and Directors MUST BE PRINTED OR TYPED												
<table border="0"> <thead> <tr> <th></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> </table>						<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>		
	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>							
<table border="0"> <tr> <td>President:</td> <td>Dr. M.F. Bingham, D.D.S.</td> <td>215 E. Hawaii</td> <td>Nampa</td> <td>Idaho</td> <td>83686</td> </tr> </table>					President:	Dr. M.F. Bingham, D.D.S.	215 E. Hawaii	Nampa	Idaho	83686		
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5. Nature of Business Dentistry		6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. <table border="0"> <tr> <td>Signature</td> <td><i>Marriner F Bingham DDS</i></td> <td>Date</td> <td>7-8-93</td> </tr> <tr> <td>Name (Typed or Printed)</td> <td>Marriner F Bingham DDS</td> <td>Title</td> <td>Owner</td> </tr> </table>			Signature	<i>Marriner F Bingham DDS</i>	Date	7-8-93	Name (Typed or Printed)	Marriner F Bingham DDS	Title	Owner
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