

INSTRUCTIONS ON REVERSE SIDE

<p>No. 50483</p> <p>Return To Secretary of State Room 203, Statehouse Boise, ID 83720</p> <p>NO FEE REQUIRED</p>		<p>Idaho Corporation Annual Report Form</p> <p>Due No Later Than November 1, 1991</p> <p>1 Mailing Address - Please Correct If Not Correct</p> <p>GREGORY J. SCHADE, D.D.S., GREGORY J. SCHADE 1453 WEST HAYS ST.</p> <p>BOISE ID 83702</p>		<p>2. Registered Agent and Office NOT A P.O. BOX</p> <p>GREGORY J. SCHADE 1453 WEST HAYS ST</p> <p>BOISE ID 83702</p> <p>3. Incorporated Under The Laws of ID</p> <p>NO: 059483</p>																									
<p>4. Names and Addresses of Officers and Directors</p> <table> <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> <tbody> <tr> <td>President:</td> <td>Gregory J. Schade</td> <td>1453 W. Hays</td> <td>Boise</td> <td>Idaho</td> <td>83702</td> </tr> <tr> <td>Secretary:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Directors:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>							<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	President:	Gregory J. Schade	1453 W. Hays	Boise	Idaho	83702	Secretary:						Directors:					
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Directors:																													
<p>5. Nature of Business</p> <p>Orthodontist</p>		<p>6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.</p> <p>Signature _____</p> <p>Name (Type or Printed) <i>Gregory J. Schade</i></p> <p>Date <i>7-11-91</i></p> <p>Title <i>Orthodontist</i></p>																											