

INSTRUCTIONS ON REVERSE SIDE

No. 85325	Idaho Corporation Annual Report Form Due No Later Than November 1, 1991 1. Mailing Address - Please Correct If Not Correct WINFIELD G. JONES, D.M.D., WINFIELD G. JONES, D.M.D., 508 NORTH LATAH BOISE ID 83706	2. Registered Agent and Office NOT A P.O. BOX ALLAN R. BOSCH 325 WEST IDAHO STREET BOISE ID 83702 3. Incorporated Under The Laws of ID NO: 0653251																								
Return To Secretary of State Room 203, Statehouse Boise, ID 83720 NO FEE REQUIRED																										
4. Names and Addresses of Officers and Directors																										
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;"></th> <th style="width: 30%; text-align: center;"><u>Name</u></th> <th style="width: 30%; text-align: center;"><u>Street or P.O. Address</u></th> <th style="width: 15%; text-align: center;"><u>City</u></th> <th style="width: 10%; text-align: center;"><u>State</u></th> <th style="width: 10%; text-align: center;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President:</td> <td>Winfield G. Jones, D.M.D.</td> <td>6811 Randolph Dr.</td> <td>Boise</td> <td>Idaho</td> <td>83709</td> </tr> <tr> <td>Secretary:</td> <td>M. Louise Jones</td> <td>6811 Randolph Dr.</td> <td>Boise</td> <td>Idaho</td> <td>83709</td> </tr> <tr> <td>Directors: (1)</td> <td>Winfield G. Jones, D.M.D.</td> <td>6811 Randolph Dr.</td> <td>Boise</td> <td>Idaho</td> <td>83709</td> </tr> </tbody> </table>				<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	President:	Winfield G. Jones, D.M.D.	6811 Randolph Dr.	Boise	Idaho	83709	Secretary:	M. Louise Jones	6811 Randolph Dr.	Boise	Idaho	83709	Directors: (1)	Winfield G. Jones, D.M.D.	6811 Randolph Dr.	Boise	Idaho	83709
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5. Nature of Business General 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 style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature <u>Winfield G. Jones DMD PA</u> </td> <td style="width: 40%;"> Date <u>7-8-91</u> </td> </tr> <tr> <td> Name (Typed or Printed) <u>Winfield G. Jones</u> </td> <td> Title <u>President</u> </td> </tr> </table>		Signature <u>Winfield G. Jones DMD PA</u>	Date <u>7-8-91</u>	Name (Typed or Printed) <u>Winfield G. Jones</u>	Title <u>President</u>																				
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