

No. 02584	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		LARRY E. STOKES, D.D.S. 35 SOUTH STATE																									
	1. Mailing Address <i>(If not same as above, list below)</i> DR. LARRY E. STOKES, D.D.S., CH LARRY E. STOKES, D.D.S. 35 SOUTH STATE PRESTON ID 83263		PRESTON ID 83263 3. Incorporated Under The Laws of ID NO: 02584																									
4. Names and Addresses of Officers and Directors MUST BE PRINTED OR TYPED																												
<table border="1"> <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>Larry E. Stokes</td> <td>415 East 1st South</td> <td>Preston</td> <td>ID</td> <td>83263</td> </tr> <tr> <td>Secretary:</td> <td>Lillie Stokes</td> <td>415 East 1st South</td> <td>Preston</td> <td>ID</td> <td>83263</td> </tr> <tr> <td>Directors:</td> <td>same as above</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:	Larry E. Stokes	415 East 1st South	Preston	ID	83263	Secretary:	Lillie Stokes	415 East 1st South	Preston	ID	83263	Directors:	same as above				
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Directors:	same as above																											
5. Nature of Business <i>dentist</i>		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="1"> <tr> <td>Signature <i>[Signature]</i></td> <td>Date</td> </tr> <tr> <td>Name (Printed) Larry E. Stokes</td> <td>Title President</td> </tr> </table>			Signature <i>[Signature]</i>	Date	Name (Printed) Larry E. Stokes	Title President																				
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