

No. 51103	<b>Idaho Corporation Annual Report Form</b> Due No Later Than November 1, 1991 1 Mailing Address - Please Correct If Not Correct	2. Registered Agent and Office NOT A P.O. BOX																				
Return To  <b>Secretary of State Room 203, Statehouse Boise, ID 83720</b>  NO FEE REQUIRED		STEVEN M. KLINGLER 333 S. WOODRUFF AVE.  IDAHO FALLS ID 83401  3. Incorporated Under The Laws of ID  NO: 051103																				
4. Names and Addresses of Officers and Directors <table border="1"> <thead> <tr> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>President: STEVEN M. KLINGLER DDS PA</td> <td>333 S. WOODRUFF</td> <td>IDAHO FALLS</td> <td>ID</td> <td>83401</td> </tr> <tr> <td>Secretary: MARY F. KLINGLER</td> <td>1934 TIFFANY DR</td> <td>IDAHO FALLS</td> <td>ID</td> <td>83404</td> </tr> <tr> <td>Directors: N/A</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>			Name	Street or P.O. Address	City	State	Zip	President: STEVEN M. KLINGLER DDS PA	333 S. WOODRUFF	IDAHO FALLS	ID	83401	Secretary: MARY F. KLINGLER	1934 TIFFANY DR	IDAHO FALLS	ID	83404	Directors: N/A				
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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. Signature: <u>Steven M. Klingler DDS PA</u> Date: <u>9-28-91</u> Name (Typed or Printed): <u>STEVEN M. KLINGLER DDS PA</u> Title: <u>PRESIDENT</u>																					