

## INSTRUCTIONS ON REVERSE SIDE

ISSUED: 107-016-1007

2. Registered Agent and Office **NOT A P.O. BOX****DR. RONALD KAY FIFE**  
**74 EAST FIRST SOUTH****REXBURG ID 83440**3. Incorporated Under The Laws  
of **ID**  
No: **42449****No. 42449****Return To****Secretary of State  
Room 203, Statehouse  
Boise, ID 83720****\* FIRST NOTICE \***  
**NO FEE REQUIRED****Idaho Corporation Annual Report Form****Due No Later Than November 1, 1993**1. Mailing Address: **DR. RONALD KAY FIFE, PROFESSION****DR. RONALD KAY FIFE  
74 EAST FIRST SOUTH****REXBURG ID 83440**

## 4. Names and Addresses of Officers and Directors

**MUST BE PRINTED OR TYPED**President:  
Secretary:  
Directors:**Ronald Kay Fife  
Faye Fife**NameStreet or P.O. AddressCityStateZip**74 East First South****REXBURG****Id****83440****74 East First South****REXBURG****Id****83440**

## 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.SignatureName Typed or  
Printed**Ronald Kay Fife**DateTitle**7-9-93****President**