

No. 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, 1992 1. Mailing Address — Please Correct If Not Correct IDAHO ENDODONTICS, P.A. HERBERT R BLASER 2104 N COLE RD BOISE ID 83704 0000	2. Registered Agent and Office NOT A P.O. BOX HERBERT R BLASER 2104 N COLE RD BOISE ID 83704 3. Incorporated Under The Laws of ID NO: 97590																								
4. Names and Addresses of Officers and Directors <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;"></th> <th style="width: 25%; text-align: center;"><u>Name</u></th> <th style="width: 25%; text-align: center;"><u>Street or P.O. Address</u></th> <th style="width: 10%; 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>HERB BLASER</td> <td>2104 N. COLE</td> <td>BOISE</td> <td>ID</td> <td>83704</td> </tr> <tr> <td>Secretary:</td> <td>FRAN MICHAEL</td> <td>" "</td> <td>"</td> <td>"</td> <td>"</td> </tr> <tr> <td>Directors:</td> <td>HERB BLASER</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:	HERB BLASER	2104 N. COLE	BOISE	ID	83704	Secretary:	FRAN MICHAEL	" "	"	"	"	Directors:	HERB BLASER	" "	"	"	"
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Directors:	HERB BLASER	" "	"	"	"																					
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. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Signature Herb Blaser</td> <td style="width: 40%;">Date 7-20-92</td> </tr> <tr> <td>Name (Typed or Printed) HERBERT R. BLASER</td> <td>Title Pres.</td> </tr> </table>		Signature Herb Blaser	Date 7-20-92	Name (Typed or Printed) HERBERT R. BLASER	Title Pres.																				
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